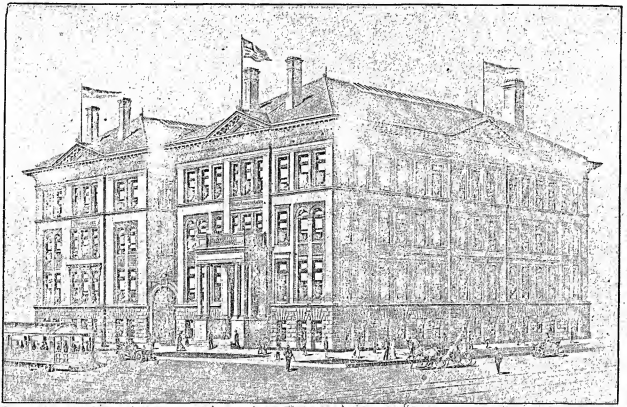
PASS REPORT BOOK



HEAD OFFICE BUILDING AND ANNEX
ROCK ISLAND, ILLINOIS

16.21C

Modern Woodmen of America

Camp No. 8750

Boone Grove

State of Indiana

From August 1st 1908 to July 1st 1909

MATT. PARROTT & SONS, WATERLOO, IOWA

Instructions to Camp Clerks.

This Pass report book and the forms contained herein have been devised to assist Camp Clerks in the preservation of copies of all Pass and Semi-annual reports mailed, from time to time, to the Head Clerk. Blank forms of Pass and Semi-annual reports are invariably mailed from the office of the Head Clerk in time to reach the Camp Clerk by the first day of the month in which remittance, under call accompanying such report, is required to be made.

The Clerks should formulate reports on the blank forms supplied, in accordance with the printed directions thereon, and then carefully copy such completed report into this Pass report book. This is necessary for the permanent preservation of Camp records, and Clerks will also find it a valuable aid in formulating subsequent reports.

LEVY OF ASSESSMENTS.

The levy of all assessments is made by the Society's Board of Directors; and notice thereof published in *The Modern Woodman* is legal notice to all members to pay same to their Camp Clerks on or before the last day of the month for which the levy is ordered. If a member defaults in his payment on or before the last day of the month of levy, he stands suspended under the law.

THE CALL.

The Call for an assessment is issued by the Head Clerk on the first day of the month following the date of the levy thereof, the Call always being addressed to local Camp Clerks. The Clerk is required to accept this Call as a legal demand to remit forthwith, to the Head Clerk, the full amount collected under the assessment levied by the Board of Directors, and payable to him by the members of his Camp, in the month preceding that in which the Call is dated. The Clerks are, of course, required to remit arrearages for members who, previously suspended, may have reinstated. Every dollar due under a Call is in the hands of the Clerk and Banker of the Camp on the day Call is dated; hence, no valid reason can be advanced for delay in responding thereto.

PASS REPORT BLANKS.

Blank forms on which to make reports to accompany remmittances under Call are mailed to all Clerks of Camp with Copy of official Call. By means of these reports, the Head Clerk is informed as to the exact standing of or any incident affecting all members of the local Camp. Such reports must be correctly formulated, as error may impair a member's standing. Remittances must invariably accompany reports and be mailed to the Head Clerk. Remittances forwarded to the Head Clerk *without report, on blank form furnished by the Head Clerk, will be returned to the Camp Clerk.* Remittances cannot be received without report, because the Head Clerk has no way of knowing who the individual members are, who may be entitled to credit for the amount remitted.

FORM OF REMITTANCE.

All remittances are required, under the By-laws, to be made by bank draft, postal money order, or express money order, drawn payable to "*Head Banker, M. W. of A., Rock Island, Illinois,*" and mailed to the Head Clerk. To maintain the good standing of a Camp, report, with remittance in form stated, must reach the Head Clerk on or before the 18th day of the month of Call. (*See Secs. 252 and 296, 1905 By-laws.*)

FIRST LIABILITY OF NEW MEMBERS.

Sections 36 and 37 of the 1905 By-laws established the first liability of new members. An applicant adopted into an old Camp or a charter member of a new Camp is liable for the assessment current at the date of his adoption; and this assessment is payable at the time of adoption, as the Head Consul has ruled that a Benefit certificate, if in the hands of the Camp Clerk, must be delivered to an applicant when the latter receives his Beneficial degree. In other words, the delivery of the certificate must not be delayed in order to affect the new member's first liability. Therefor, Camp Clerks are required to collect from newly adopted Beneficial members one assessment on the date of adoption and remit same to the Head Clerk with the Pass report next due. The name of the new member, the date adopted, and his assessment rate, should be reported on page 2 of the Pass report.

ADOPTION WHILE IN GOOD HEALTH.

Adoption of an applicant for membership must take place while the applicant is in good health and within sixty days from the date of certificate issued by the Head Clerk. If, for any cause, the applicant is not adopted within sixty days, the Benefit certificate becomes null and void and must be returned to the Head Clerk with notation thereon "Not adopted". The applicant is then required to make a new application and a new Benefit certificate will be issued, but he is not required to pay a second membership fee.

PER CAPITA.

Per Capita is a charge against the Camp. Social as well as Beneficial members are liable for Per Capita, this being the annual amount due to the Head Camp from every member of the Society. It is payable semi-annually *in advance* from the General fund of the Camp, upon Call from the Head Clerk, during the months of January and July of each year. When a Camp is organized, General fund dues should be fixed in an amount sufficient to meet the incidental expenses of the Camp, including the Clerk's compensation of not less than sixty cents per member per year, Beneficial and Social in good standing (*See Sec. 289 of 1905 By-laws,*) and also including Per Capita tax of $1.00 per member per year. To maintain their good standing at all times, the Neighbors, Beneficial and Social, must be prompt in the payment of their local Camp dues, which cover their Camp's liability to the Head Camp of $1.00 annually.

Call for Per Capita is addressed by the Head Clerk to the local Camp Clerks on the first days of January and July of each year. Remittance, in response to this Call, is required to be made so as to reach the Head Clerk on or before the 18th day of the month Call is dated. Failure to make remittance within the limit of time provided by law will cause the suspension of the Camp and all its members.

A member adopted during the semi-annual term is not included in the liability for Per Capita until the next following term; but, at adoption, he is required to pay to the Camp Clerk *pro rata* General Fund Camp dues. The custom is to charge newly adopted members *pro rata* dues for the entire month in which adoption occurred and for the months of the quarter remaining thereafter; *provided*, such adoption takes place on or before the 15th day of the month. If after the 15th, no dues are assessed for the month in which adopted; but *pro rata* charges are then computed from the first day of the month following to the end of the quarter.

PROHIBITED OCCUPATIONS.

On the subject of prohibited occupations see Sections 10, 11, 12, 13, 14 and 290. No person, while engaged in the manufacture or sale of liquor, to be used as a beverage, is eligible to membership in the Society. A member engaging in the manufacture or sale of liquor to be used as a beverage, unless within the exceptions contained in the proviso of Section 2 of the 1905 By-laws, renders his Benefit certificate absolutely null and void the moment he engages in this prohibited occupation. (*See Chap. III, 1905 By-laws.*) A Camp Clerk must promptly refuse dues and assessments from a member engaging in the liquor traffic (*See Sec. 290*), and if he violates Section 290 may be removed from office and expelled from the Society. (*See Sec. 296, 1905 By-laws.*) When a member engages in the liquor business, his name should be entered on page 6 of the next following Pass report forwarded to the Head Clerk. If the member makes objection to the action of the Clerk in refusing his dues and assessments, the Camp Clerk should report his objection by mail to the Head Clerk, with request for instructions.

HAZARDOUS OCCUPATIONS.

No person while engaged in the occupations mentioned in Section 15 of the 1905 By-laws can legally obtain Beneficial membership in the Society.

A person engaged in any of the occupations mentioned in Section 16, who may join as a Beneficial member, shall be required to pay on each assessment levied upon the Beneficial membership of the Society, $1.00 per $1,000 of the amount stated in the application in addition to the regular rate of assessment as per table of Rates contained in Section 38, except metal miners (who are required to pay 65 cents per $1,000 in addition to the regular rate).

When a member engages in a hazardous occupation—meaning thereby any occupation mentioned in Chapter IV of the 1905 revision of the By-laws—the Camp Clerk should report to the Head Clerk the Neighbor's name, with full particulars concerning the occupation in which the Neighbor has engaged, so that the Head Clerk may give such instructions as may be deemed necessary.

REINSTATEMENT.

A member in good health and not engaged in any of the prohibited occupations enumerated in Section 12, revised By-laws 1905, may reinstate by paying to his Camp Clerk arrearages of every kind, provided he has not been in suspension for a period exceeding sixty days. Written certificate of good health is not required.

If a member has been suspended for more than sixty days and less than six months, he will be required to furnish a Certificate of Good Health from the Camp physician (Form 53), which certificate must be submitted to and receive the approval of the Head Physician and Supreme Medical Directors. Aside from arrearages, such member is required to pay a reinstatement fee of $1.00 and be re-rated according to his attained age. All reinstating members must pay the current assessment and dues (if any) before the provisions of Sections 56 and 57 are fulfilled.

If a member is suspended for more than six months he loses all rights as a member of the Society and must come in as a new member, if at all. (*See Sec. 58.*)

A person over 45 years of age and in suspension for more than six months cannot again become a Beneficial member of the Society.

DISCIPLINE.

The latest revised By-laws (*Sec. 132 and 133*) impose upon the Head Clerk the duty of *removing from office* incompetent, negligent or habitually dilatory Camp Clerks, and appointing their successors.

The provisions of these sections will be impartially enforced, but the Head Clerk entertains the hope that instances calling for the exercise of the authority conferred upon him will be rare.

SUGGESTIONS TO CLERKS.

The Camp Clerk is urged to familiarize himself with the provisions of the Society's By-laws, especially those defining the duties of his office. The instructions given in circular No. 44, dated January 1, 1906, issued by the Head Clerk, mailed to all Camp Clerks, are based upon the provisions of the By-laws, which should be consulted by Clerks as a guide in the performance of their official duties.

The Summary of members paying, by rates, is provided for the purpose of proving the accuracy of all Pass reports formulated by the Clerk Formulate by entering opposite each rate the total number of members actually paying such rate. Then, on the right, enter the total amount paid by the members, excluding all arrearages. After thus listing the membership and extending the amounts, if the work be correct, the footings thereof will agree with item 15 of the Combined Membership and Financial Statement.

In addressing the Head Office, Clerks should invariably give their Camp number and location. This is absolutely necessary.

Clerks are earnestly requested, in the interest of the Camp as well as of the members of the Society generally, to correctly formulate all reports. There is no statement called for by the Head Clerk in any report that is not essential to the interests of the Society, and absolutely necessary in maintaining an accurate system of accounting with the Camp at the Head Office.

Fraternally yours,

Head Clerk, M. W. of A.

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 227

Levied for August, 1907

Due Head Office on or before Sept 18, 1907

Camp No. 8750

Boone Grove State of Ind.

Please fill in Camp number and location

	MEMBERS	AMOUNT $	
Net Membership this Report	50	41	80
Final Assessments this Report			
Total Membership this Report			
Arrears for .... Neighbors Reinstated			
Benefit Short Last Report			
Assessment No. .... for members adopted during			
Bal. Asst. No. .... for .... increases Hazardous occupation or additional Ins.			
Total Benefit Due		48	80

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $........ Cr. Slip, $........

	$		Returned	
Benefit			Credit Slip No.	$
Per Capita				
Supplies				
Cert. Fees			Cash	$

Shortage Charged { Benefit, $........ / Per Capita, $........

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in .... first liable Asst. No. .... / Adoptions in Aug first liable Asst. No. 227

"Date of adoption and delivery of Certificate held to be identical"—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When?
1.	Edinger Otto L.	1430775	75	8/20/07
2.	Gossett Allen	1431958	70	8/20/07
3.	Berrier Arthur J.	1430774	100	8/20/07
4.	Waddle Edgar A.	1430776	50	8/20/07
5.			295	
6.				
7.				
8.				
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32.				
33.				
34.				

Enter Date When Neighbor Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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27.				
28.				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
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29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.								
2.								
3.								

1

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'n
		For'd	49		39 20			
	$ .25			$ 2.25			$ 4.25	
	.30			2.30			4.30	
	.35			2.35			4.35	
	.40			2.40			4.40	
	.45			2.45			4.45	
18	.50	9 00		2.50			4.50	
3	.55	1 65		2.55			4.55	
2	.60	1 20	1	2.60	2 60		4.60	
3	.65	1 95		2.65			4.65	
2	.70	1 40		2.70			4.70	
2	.75	1 50		2.75			4.75	
1	.80	80		2.80			4.80	
3	.85	2 55		2.85			4.85	
1	.90	90		2.90			4.90	
2	.95	1 90		2.95			4.95	
4	1.00	4 00		3.00			5 00	
	1.05			3.05			5.05	
1	1.10	1 10		3.10			5.10	
	1.15			3.15			5.15	
1	1.20	1 20		3.20			5.20	
	1.25			3.25			5.25	
	1.30			3.30			5.30	
	1.35			3.35			5.35	
1	1.40	1 40		3.40			5.40	
	1.45			3.45			5.45	
2	1.50	3 00		3.50			5.50	
	1.55			3.55			5.55	
	1.60			3.60			5.60	
	1.65			3.65			5.65	
1	1.70	1 70		3.70			5.70	
	1.75			3.75			*	
	1.80			3.80				
	1.85			3.85				
	1.90			3.90				
1	1.95	1 95		3.95				
1	2.00	2 00		4.00				
	2.05			4.05				
	2.10			4.10				
	2.15			4.15				
	2.20			4.20				
49		39 20	50		41 80			

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					
4.					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					
4.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42 / Decrease of Insurance Sec. 45 / Increase Rate Acct. Sus.—Sec. 57 / Correction of Error in Rate

Item 5	NAME		Amount	Rate	Date
1.		Old			
		New			
2.		Old			
		New			
3.		Old			
		New			
4.		Old			
		New			
5.		Old			
		New			
6.		Old			
		New			

Candidates Rejected

	NAME	How Rejected	Date
1.	McClure Walls	H. P.	8/5/07
2.			
3.			
4.			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1.	Merriman Hale	8/20/07
2.	Baker Ross	8/20/07
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.			
2.			
3.			
4.			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No. 226	46	38	85
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)	4	2	95
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to			
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased: Account reinstatement (Item 5, page 5)			
	Rate Increased: Increase of certificate (Item 5, page 5)			
	Rate Increased: Acct. change occupation (Item 4, page 5)			
	Rate Increased: Account error in rate (Item 5, page 5)			
	Totals	50	41	80

	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)		
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3, page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd.: Decrease of Cert.		
	Rate Decd.: Change of occupation		
	Rate Decd.: Error in rate		

Item		Members	Amount $	
	Total Deduction ☞			
15	Net membership in good standing ☞	50	41	80
	To which add —			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	50	41	80
20	Benefit Arrears ...... Neighbors reinstated (Item 3-4)			
21	Benefit short last report, or arrearages other than reinstatements			
	Total Benefit due			
22	Per Capita Arrears .... Neighbors reinstated			
23	Per Capita short on previous report			
	Total remittance herewith		41	80

Mail to Reach the Head Clerk on or Before Sept 18, 1907

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove State of Indiana Sept 12 1907

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 41.80, total amount due on this report.

Please place same to proper credit and confirm receipt.

SEAL

Attest: .... Consul.

E. K. Dye Clerk.

Clerk's postoffice address, No. R. R. # 3 Street, City of Hebron State of Indiana

2

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 228

Levied for September, 1907

Due Head Office on or before Oct. 18, 1907

Camp No. 8750

Boone Grove State of Ind.

Please fill in Camp number and location

	MEMBERS	AMOUNT $	
Net Membership this Report	50	41	80
Final Assessments this Report			
Total Membership this Report			
Arrears for .... Neighbors Reinstated			
Benefit Short Last Report			
Assessment No. .... for members adopted during			
Bal. Asst. No. .... for .... increases Hazardous occupation or additional Ins.			
Total Benefit Due		41	80

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $ .... Cr. Slip, $ ....

	$		Returned
Benefit			
Per Capita			Credit Slip No. .... $ ....
Supplies			
Cert. Fees			Cash $ ....

Shortage Charged { Benefit, $ ....

Per Capita, $ ....

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in .... first liable Asst. No. ....

Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

NAME	No. of B. C.	Rate	Cert. Del. When?
1.			
2.			
3.			
4.			
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31.			
32.			
33.			
34.			

Enter Date When Neighbor Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1 NAME	Rate	No. of B. C.	Date Reinstated
1.			
2.			
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27.			
28.			

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2 NAME	Old Rate	New Rate	Date of Reinstatement
1.			
2.			
3.			
4.			
5.			

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1 NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2. NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.							
2.							
3.							

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt
		For'd	49		39 20			
	$ .25			$ 2.25			$ 4.25	
	.30			2.30			4.30	
	.35			2.35			4.35	
	.40			2.40			4.40	
	.45			2.45			4.45	
18	.50	9 00		2.50			4.50	
3	.55	1 65		2.55			4.55	
2	.60	1 20	1	2.60	2 60		4.60	
3	.65	1 95		2.65			4.65	
2	.70	1 40		2.70			4.70	
2	.75	1 50		2.75			4.75	
1	.80	80		2.80			4.80	
3	.85	2 55		2.85			4.85	
1	.90	90		2.90			4.90	
2	.95	1 90		2.95			4.95	
4	1.00	4 00		3.00			5.00	
	1.05			3.05			5.05	
1	1.10	1 10		3.10			5.10	
	1.15			3.15			5.15	
1	1.20	1 20		3.20			5.20	
	1.25			3.25			5.25	
	1.30			3.30			5.30	
	1.35			3.35			5.35	
1	1.40	1 40		3.40			5.40	
	1.45			3.45			5.45	
2	1.50	3 00		3.50			5.50	
	1.55			3.55			5.55	
	1.60			3.60			5.60	
	1.65			3.65			5.65	
1	1.70	1 70		3.70			5.70	
	1.75			3.75			*	
	1.80			3.80				
	1.85			3.85				
	1.90			3.90				
1	1.95	1 95		3.95				
1	2.00	2 00		4.00				
	2.05			4.05				
	2.10			4.10				
	2.15			4.15				
	2.20			4.20				
49		39 20	50		41 80			

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1. NAME	From Camp No.	Rate	First Liability	Date Admitted
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2. NAME	Rate	No. of B. C.	Date of B. C.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3. NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Neighbors Deceased—Secs. 60-65

Item 1 NAME	Rate	Last Paid	Date Paid	Date of Death
1.				
2.				
3.				
4.				

Transferred from Beneficial to Social Membership—Sec. 72

Item 2 NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.				
2.				
3.				
4.				

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3 NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.				
2.				
3.				

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4 NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.				
2.				
3.				
4.				

CHANGE IN RATE, ACCT. { Increase of Insurance—Sec. 42 / Decrease of Insurance—Sec. 45 / Increase Rate Acct. Sus.—Sec. 57 / Correction of Error in Rate

Item 5 NAME		Amount	Rate	Date
1.	Old			
	New			
2.	Old			
	New			
3.	Old			
	New			
4.	Old			
	New			
5.	Old			
	New			
6.	Old			
	New			

Candidates Rejected

NAME	How Rejected	Date
1.		
2.		
3.		
4.		

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

NAME	$
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1 NAME	Date
1. G. R. Eaton	9/3/07
2.	
3.	
4.	
5.	
6.	

Admitted by Transfer Card (Social)

Item 2 NAME	From Camp No.	Date
1.		
2.		
3.		
4.		

Withdrawn by Card (Social)

Item 3 NAME	Date
1.	
2.	
3.	
4.	

Deceased (Social)

Item 4 NAME	Date
1.	
2.	
3.	
4.	

Suspended or Expelled (Social)

Item 5 NAME	Suspended Date	Expelled Date
1.		
2.		
3.		
4.		

Social Members Reinstated

Per Capita Arrears Herewith

Item 6 NAME	Amt. Paid	Date Paid
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount $
1	Net membership remitted for last report (Item 15) Assessment No. 227	50	41 80
	If for new Camp, Neighbors first liable (names page 2)		
2	Neighbors adopted since last report; now liable (names page 2)		
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to		
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)		
5	Admitted by card (names Item 1, page 4		
6	Transferred from Social to Beneficial membership (names Item 2, page 4)		
7	Rate Increased { Account reinstatement (Item 5, page 5)		
	Increase of certificate (Item 5, page 5)		
	Acct. change occupation (Item 4, page 5)		
	Account error in rate (Item 5, page 5)		
	Totals	50	41 80

	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)		
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3. page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd. { Decrease of Cert.		
	Change of occupation		
	Error in rate		

Item		Members	Amount
	Total Deduction ☞		
15	Net membership in good standing ☞	50	41 80
	To which add—		
16	Final assessment deceased Neighbors (Item 10), last liable this assessment		
17	Final assessment, transferred to Social (Item 11), last liable this assessment		
18	Final assessment withdrawn by card (Item 9), last liable this assessment		
19	Total membership remitted for this report as in good standing		
20	Benefit Arrears ...... Neighbors reinstated (Item 3-4).		
21	Benefit short last report, or arrearages other than reinstatements		
	Total Benefit due		
22	Per Capita Arrears .... Neighbors reinstated		
23	Per Capita short on previous report		
	Total remittance herewith		41 80

Mail to Reach the Head Clerk on or Before Oct. 18, 190.

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove State of Ind. Oct 12 1907

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $41.80, total amount due on this report.

Please place same to proper credit and confirm receipt.

Attest: .... Consul.

E. K. Dye Clerk.

Clerk's postoffice address: No. .... Street, City of .... State of ....

SEAL

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 229
Levied for November, 1907
Due Head Office on or before Dec. 18, 1907
Camp No. 8750
Boone Grove State of Ind.
Please fill in Camp number and location

	MEMBERS	AMOUNT $	
Net Membership this Report	52	43	20
Final Assessments this Report			
Total Membership this Report			
Arrears for .... Neighbors Reinstated			
Benefit Short Last Report Assessment No. 228 for members adopted during October		1	40
Bal. Asst. No. ...... for ...... increases Hazardous occupation or additional Ins.			
Total Benefit Due		44	60

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $........ Cr. Slip, $........

	$		Returned
Benefit			Credit Slip No. } $
Per Capita			
Supplies			
Cert. Fees			Cash $

Shortage Charged { Benefit, $ / Per Capita, $

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in Oct first liable Asst. No. 228
Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When ?
1.	Dorsey Steward	1440762	75	10/1/07
2.	Weddle L. L.	1430777	65	10/8/07
3.			1 40	
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

Enter Date When Neighbor Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered ?	If so, When	Date Engaging in Liquor Traffic
1.								
2.								
3.								

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'n
		For'd	51		40 60			
	$ .25			$ 2.25			$ 4.25	
	.30			2.30			4.30	
	.35			2.35			4.35	
	.40			2.40			4.40	
	.45			2.45			4.45	
18	.50	9 00		2.50			4.50	
3	.55	1 65		2.55			4.55	
2	.60	1 20	1	2.60	2 60		4.60	
4	.65	2 60		2.65			4.65	
2	.70	1 40		2.70			4.70	
3	.75	2 25		2.75			4.75	
1	.80	80		2.80			4.80	
3	.85	2 55		2.85			4.85	
1	.90	90		2.90			4.90	
2	.95	1 90		2.95			4.95	
4	1.00	4 00		3.00			5 00	
	1.05			3.05			5.05	
1	1.10	1 10		3.10			5.10	
	1.15			3.15			5.15	
1	1.20	1 20		3.20			5.20	
	1.25			3.25			5.25	
	1.30			3.30			5.30	
	1.35			3.35			5.35	
1	1.40	1 40		3.40			5.40	
	1.45			3.45			5.45	
2	1.50	3 00		3.50			5.50	
	1.55			3.55			5.55	
	1.60			3.60			5.60	
	1.65			3.65			5.65	
1	1.70	1 70		3.70			5.70	
	1.75			3.75			*	
	1.80			3.80				
	1.85			3.85				
	1.90			3.90				
1	1.95	1 95		3.95				
1	2.00	2 00		4.00				
	2.05			4.05				
	2.10			4.10				
	2.15			4.15				
	2.20			4.20				
51		40 60	52		43 20			

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance—Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5	NAME		Amount	Rate	Date
		Old			
1.		New			
		Old			
2.		New			
		Old			
3.		New			
		Old			
4.		New			
		Old			
5.		New			
		Old			
6.		New			

Candidates Rejected

	NAME	How Rejected	Date
1.			
2.			
3.			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.			
2.			
3.			
4.			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No. 228	50	41	80
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)	2	1	40
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to			
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased { Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5)			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5)			
	Totals	52	43	20

	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)		
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3. page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd. { Decrease of Cert.		
	Change of occupation		
	Error in rate		

Item		Members	Amount $	
	Total Deduction ☞			
15	Net membership in good standing ☞	52	43	20
	To which add —			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	52	43	20
20	Benefit Arrears ...... Neighbors reinstated (Item 3-4)			
21	Benefit short last report, or arrearages other than reinstatements Addoptions in Oct		1	40
	Total Benefit due			
22	Per Capita Arrears .... Neighbors reinstated			
23	Per Capita short on previous report			
	Total remittance herewith		44	60

Mail to Reach the Head Clerk on or Before ....18, 190..

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove State of Indiana Nov. 18 1907

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 44 60, total amount due on this report.

*Please place same to proper credit and confirm receipt.

Attest: .... Consul.

E. R. Fry Clerk.

Clerk's postoffice address, No. .... Street, City of Hebron State of Ind.

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 231

Levied for February, 1908

Due Head Office on or before Mch. 18, 1908

Camp No. 8750

Boone Grove State of Ind.

Please fill in Camp number and location

	MEMBERS	AMOUNT $	
Net Membership this Report	45	37	85
Final Assessments this Report			
Total Membership this Report	45	37	85
Arrears for 1 Neighbors Reinstated		1	95
Benefit Short Last Report			
Assessment No. ...... for members adopted during			
Bal. Asst. No. ...... for ...... increases Hazardous occupation or additional Ins.			
Total Benefit Due		38	80

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $............ Cr. Slip, $............

	$	Returned	
Benefit			
Per Capita		Credit Slip No.	$
Supplies			
Cert. Fees		Cash	$

Shortage Charged { Benefit, $............

Per Capita, $............

Audited by .... Date............

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in............first liable Asst. No.........
Adoptions in............first liable Asst. No.........

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

NAME	No. of B. C.	Rate	Cert. Del. When?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			

Enter Date When Neighbor Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1 NAME	Rate	No. of B. C.	Date Reinstated
1. J. R. Dye	195	920691	1/29/08
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2 NAME	Old Rate	New Rate	Date of Reinstatement
1.			
2.			
3.			
4.			
5.			

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1. NAME	From Camp No.	Rate	First Liability	Date Admitted
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2. NAME	Rate	No. of B. C.	Date of B. C.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3. NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Neighbors Deceased—Secs. 60-65

Item 1 NAME	Rate	Last Paid	Date Paid	Date of Death
1.				
2.				
3.				
4.				

Transferred from Beneficial to Social Membership—Sec. 72

Item 2 NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.				
2.				
3.				
4.				

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3 NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.				
2.				

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4 NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.				
2.				
3.				

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance—Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5 NAME		Amount	Rate	Date
1.	Old			
	New			
2.	Old			
	New			
3.	Old			
	New			
4.	Old			
	New			
5.	Old			
	New			
6.	Old			
	New			

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1 NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1. Kleine B. R.	150	831829	Crown Point	Ind.
2. Walters S. J.	85	831835	Hebron	"
3. Hiley Wm. L.	100	838808	Shorts	"
4. " G. C.	50	1259560	"	"
5. Dye Ira	50	1250814	Hebron	"
6. " Melvin	50	1249180	"	"
7.	4.85			
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2. NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.							
2.							
3.							

Candidates Rejected

NAME	How Rejected	Date
1.		
2.		
3.		
4.		

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

NAME	$
1.	
2.	
3.	
4.	
5.	
6.	
7.	

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1 NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	

Admitted by Transfer Card (Social)

Item 2 NAME	From Camp No.	Date
1.		
2.		
3.		
4.		

Withdrawn by Card (Social)

Item 3 NAME	Date
1.	
2.	
3.	
4.	

Deceased (Social)

Item 4 NAME	Date
1. Hiley Henry	1/18/08
2.	
3.	
4.	

Suspended or Expelled (Social)

Item 5 NAME	Suspended Date	Expelled Date
1.		
2.		
3.		
4.		

Social Members Reinstated

Per Capita Arrears Herewith

Item 6 NAME	Amt. Paid	Date Paid
1.		
2.		
3.		
4.		
5.		
6.		
7.		

4.

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt		No. Mbrs	Rate	Amt. this Assessm'nt		No. Mbrs	Rate	Amt. this Assessm'nt	
		For'd		44		35	25				
	$ .25				$ 2.25				$ 4.25		
	.30				2.30				4.30		
	.35				2.35				4.35		
	.40				2.40				4.40		
	.45				2.45				4.45		
14	.50	7	00		2.50				4.50		
3	.55	1	65		2.55				4.55		
2	.60	1	20	1	2.60	2	60		4.60		
4	.65	2	60		2.65				4.65		
2	.70	1	40		2.70				4.70		
3	.75	2	25		2.75				4.75		
1	.80		80		2.80				4.80		
2	.85	1	70		2.85				4.85		
1	.90		90		2.90				4.90		
2	.95	1	90		2.95				4.95		
3	1.00	1	00		3.00				5.00		
	1.05				3.05				5.05		
1	1.10	1	10		3.10				5.10		
	1.15				3.15				5.15		
1	1.20	1	20		3.20				5.20		
	1.25				3.25				5.25		
	1.30				3.30				5.30		
	1.35				3.35				5.35		
1	1.40	1	40		3.40				5.40		
	1.45				3.45				5.45		
1	1.50	1	50		3.50				5.50		
	1.55				3.55				5.55		
	1.60				3.60				5.60		
	1.65				3.65				5.65		
1	1.70	1	70		3.70				5.70		
	1.75				3.75				*		
	1.80				3.80						
	1.85				3.85						
	1.90				3.90						
1	1.95	1	95		3.95						
1	2.00	2	00		4.00						
	2.05				4.05						
	2.10				4.10						
	2.15				4.15						
	2.20				4.20						
44		35	25	45		37	85				

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No. 230	40	40	75
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)			
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to	1	1	95
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased. Account reinstatement (Item 5, page 5)			
	Rate Increased. Increase of certificate (Item 5, page 5)			
	Rate Increased. Acct. change occupation (Item 4, page 5)			
	Rate Increased. Account error in rate (Item 5, page 5)			
	Totals	51	42	70

Item	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)	6	4.85
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5.		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3, page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd. Decrease of Cert.		
	Rate Decd. Change of occupation		
	Rate Decd. Error in rate		

Item		Members	Amount $	
	Total Deduction ☞	6	4	85
15	Net membership in good standing ☞	45	37	85
	To which add—			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	45	37	85
20	Benefit Arrears 1 Neighbors reinstated (Item 3-4)		1	95
21	Benefit short last report, or arrearages other than reinstatements			
	Total Benefit due		38	80
22	Per Capita Arrears 1 Neighbors reinstated			510
23	Per Capita short on previous report			
	Total remittance herewith		40	30

Mail to Reach the Head Clerk on or Before Mch. 18, 1908

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove State of Ind. Mch. 12 1908

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 40 30/100 total amount due on this report.

Please place same to proper credit and confirm receipt.

.... Consul.

Attest: E. R. Dye Clerk.

Clerk's postoffice address, No. R. D. 3 Street, City of Hebron State of Ind.

SEAL

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 232
Levied for March, 1908
Due Head Office on or before April 18, 1908
Camp No. 8750
Boone Grove State of Ind.
Please fill in Camp number and location

	MEMBERS	AMOUNT $	
Net Membership this Report	54	44	40
Final Assessments this Report			
Total Membership this Report	54	44	40
Arrears for 3 Neighbors Reinstated		1	85
Benefit Short Last Report			
Assessment No. .... for members adopted during			
Bal. Asst. No. .... for .... increases Hazardous occupation or additional Ins.			
Total Benefit Due		46	25

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $.......... Cr. Slip, $..........

	$		Returned
Benefit			
Per Capita			Credit Slip No. .... $..........
Supplies			
Cert. Fees			Cash $..........

Shortage Charged { Benefit, $..........
Per Capita, $..........

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in .... first liable Asst. No. ....
Adoptions in March first liable Asst. No. 232

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When?
1	Aylesworth Clyde	1521263	65	3/17/08
2	Brody Earl.	1521264	50	3/17/08
3	Bosler O. R.	1521265	50	3/17/08
4	Cornell L. H.	1521266	100	3/17/08
5	Crawford Wade	1521267	60	3/17/08
6	Edinger Peter	1521268	90	3/17/08
7	Rosa S. T.	1521771	65	3/17/08
			4.90	
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				

Enter Date When Neighbor Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1	Walters S. J.	85	831836	3/17/08
2	Dye. Ira.	50	1250814	3/17/08
3	Dye Melvin	50	1249180	3/26/08
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1				
2				
3				
4				
5				

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1				
2				
3				
4				
5				
6				
7				
8				
9				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1	Hall D. B.	823370	100	231	2/26/08
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1					
2					
3					
4					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1					
2					
3					
4					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1					
2					
3					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1					
2					
3					
4					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance—Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5	NAME		Amount	Rate	Date
1	Pinney Edwin	Old	1000	50	3/4/08
		New	3000	150	3/17/08
2		Old			
		New			
3		Old			
		New			
4		Old			
		New			
5		Old			
		New			
6		Old			
		New			

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
23					
29					
30					
31					
32					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1								
2								
3								

Candidates Rejected

	NAME	How Rejected	Date
1	Phillips Will	H. C.	3/10/08
2			
3			
4			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1	Dye L. O.	3/3/08
2	Brody Wm	3/3/08
3	Brody Geo.	3/3/08
4	Eaton Harry	3/3/08
5	Phillips Will	3/17/08
6		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1			
2			
3			
4			

Withdrawn by Card (Social)

Item 3	NAME	Date
1		
2		
3		
4		

Deceased (Social)

Item 4	NAME	Date
1		
2		
3		
4		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1			
2			
3			
4			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1			
2			
3			
4			
5			
6			
7			

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt		No. Mbrs	Rate	Amt. this Assessm'nt		No. Mbrs.	Rate	Amt. this Assessm'nt	
		For'd		53		41	80				
	$ .25				$ 2.25				$ 4.25		
	.30				2.30				4.30		
	.35				2.35				4.35		
	.40				2.40				4.40		
	.45				2.45				4.45		
18	.50	9	00		2.50				4.50		
3	.55	1	65		2.55				4.55		
2	.60	1	20	1	2.60	2	60		4.60		
6	.65	3	90		2.65				4.65		
2	.70	1	40		2.70				4.70		
3	.75	2	25		2.75				4.75		
1	.80		80		2.80				4.80		
3	.85	2	55		2.85				4.85		
2	.90	1	80		2.90				4.90		
2	.95	1	90		2.95				4.95		
3	1.00	3	00		3.00				5.00		
	1.05				3.05				5.05		
1	1.10	1	10		3.10				5.10		
	1.15				3.15				5.15		
1	1.20	1	20		3.20				5.20		
	1.25				3.2				5.25		
	1.30				3.30				5.30		
	1.35				3.35				5.35		
1	1.40	1	40		3.40				5.40		
	1.45				3.45				5.45		
2	1.50	3	00		3.50				5.50		
	1.55				3.55				5.55		
	1.60				3.60				5.60		
	1.65				3.65				5.65		
1	1.70	1	70		3.70				5.70		
	1.75				3.75				*		
	1.80				3.80						
	1.85				3.85						
	1.90				3.90						
1	1.95	1	95		3.95						
1	2.00	2	00		4.00						
	2.05				4.05						
	2.10				4.10						
	2.15				4.15						
	2.20				4.20						
53		41	80	54		44	40				

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Combined Membership and Financial Statement

Item	With but one Rate each for—			Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No. 231			45	37	85
	If for new Camp, Neighbors first liable (names page 2)					
2	Neighbors adopted since last report; now liable (names page 2)			7	4	70
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to			3	1	86
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)					
5	Admitted by card (names Item 1, page 4					
6	Transferred from Social to Beneficial membership (names Item 2, page 4)					
7	Rate Increased. Account reinstatement (Item 5, page 5)					
	Increase of certificate (Item 5, page 5)				1	00
	Acct. change occupation (Item 4, page 5)					
	Account error in rate (Item 5, page 5)					
	Totals			55	45	40
	DEDUCTIONS	Members	Amt.			
8	Neighbors suspended for non-payment of this assessment (names page 6)					
9	Neighbors withdrawn by card (Item 3, page 4)	1	1.00			
10	Neighbors died since last report (names Item 1, page 5					
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)					
12	Neighbors expelled (names Item 3. page 5)					
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)					
14	Rate Decd. Decrease of Cert.					
	Change of occupation					
	Error in rate					
	Total Deduction ☞			1	1	00
15	Net membership in good standing ☞ To which add—			54	44	40
16	Final assessment deceased Neighbors (Item 10), last liable this assessment					
17	Final assessment, transferred to Social (Item 11), last liable this assessment					
18	Final assessment withdrawn by card (Item 9), last liable this assessment					
19	Total membership remitted for this report as in good standing			54	44	40
20	Benefit Arrears 3 Neighbors reinstated (Item 3-4)				1	86
21	Benefit short last report, or arrearages other than reinstatements					
	Total Benefit due				46	25
22	Per Capita Arrears .... Neighbors reinstated					
23	Per Capita short on previous report					
	Total remittance herewith					

Mail to Reach the Head Clerk on or Before April 18, 1908

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove State of Indiana 4-13-1908

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 46 25, total amount due on this report.

Please place same to proper credit and confirm receipt.

Attest: .... Consul.
E. R. Dye Clerk.

Clerk's postoffice address, No. Rte #3 Street, City of Hebron State of Ind.

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 233
Levied for April, 1908
Due Head Office on or before May 18, 1908
Camp No. 8754
Boone Grove State of Ind.
Please fill in Camp number and location

	MEMBERS	AMOUNT $	
Net Membership this Report	55	44	90
Final Assessments this Report			
Total Membership this Report	55	44	90
Arrears for 231/+ 232 for Kleine Neighbors Reinstated		3	00
Benefit Short Last Report			
Assessment No. ...... for members adopted during			
Bal. Asst. No. ...... for ...... increases Hazardous occupation or additional Ins.			
Total Benefit Due		47	90

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $.......... Cr. Slip, $..........

	$	Returned
Benefit		
Per Capita		Credit Slip No. $
Supplies		
Cert. Fees		Cash $

Shortage Charged { Benefit, $......
Per Capita, $......

Audited by.......... Date..........

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in April first liable Asst. No. 233
Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

NAME	No. of B. C.	Rate	Cert. Del. When ?
1 Chas. H. Herron	1523244	50	4/7/08
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			

Enter Date When Neighbor Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1 NAME	Rate	No. of B. C.	Date Reinstated
1 B. R. Kleine	1.50	831830	4/16/08
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2 NAME	Old Rate	New Rate	Date of Reinstatement
1			
2			
3			
4			
5			

6

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. 233. Sec. 53

Item 1 NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1 Amos J. Carbon	1.50	957695	Hebron Ind	Rte 3
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2. NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1							
2							
3							

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt	No. Mbrs.	Rate	Amt. this Assessm'nt
		For'd	54		42 30			
	$ .25			$ 2.25			$ 4.25	
	.30			2.30			4.30	
	.35			2.35			4.35	
	.40			2.40			4.40	
	.45			2.45			4.45	
19	.50	9 50		2.50			4.50	
3	.55	1 65		2.55			4.55	
2	.60	1 20	1	2.60	2 60		4.60	
6	.65	3 90		2.65			4.65	
2	.70	1 40		2.70			4.70	
3	.75	2 25		2.75			4.75	
1	.80	80		2.80			4.80	
3	.85	2 55		2.85			4.85	
2	.90	1 80		2.90			4.90	
2	.95	1 90		2.95			4.95	
3	1.00	3 00		3.00			5 00	
	1.0			3.0			5.05	
1	1.10	1 10		3.10			5.10	
	1.15			3.15			5.15	
1	1.20	1 20		3.20			5.20	
	1.25			3.2			5.25	
	1.30			3.30			5.30	
	1.35			3.35			5.35	
1	1.40	1 40		3.40			5.40	
	1.45			3.45			5.45	
2	1.50	3 00		3.50			5 50	
	1.55			3.55			5.55	
	1.60			3.60			5.60	
	1.65			3.65			5.65	
1	1.70	1 70		3.70			5.70	
	1.75			3.75			*	
	1.80			3.80				
	1.85			3.85				
	1.90			3.90				
1	1.95	1 95		3.95				
1	2.00	2 00		4.00				
	2.05			4.05				
	2.10			4.10				
	2.15			4.15				
	2.20			4.20				
54		42 30	55		44 90			

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp

Item 1. NAME	From Camp No.	Rate	First Liability	Date Admitted
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2. NAME	Rate	No. of B. C.	Date of B. C.
1			
2			
3			
4			
5			
6			
7			
8			

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3. NAME	No. of B. C.	Rate	Last Paid	Date of Card
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Neighbors Deceased—Secs. 60-65

Item 1 NAME	Rate	Last Paid	Date Paid	Date of Death
1				
2				
3				
4				

Transferred from Beneficial to Social Membership—Sec. 72

Item 2 NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1				
2				
3				
4				

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3 NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1				
2				
3				

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4 NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1				
2				
3				
4				

CHANGE IN RATE, ACCT. { Increase of Insurance—Sec. 42; Decrease of Insurance - Sec. 45; Increase Rate Acct. Sus.—Sec. 57; Correction of Error in Rate

Item 5 NAME		Amount	Rate	Date
1	Old			
	New			
2	Old			
	New			
3	Old			
	New			
4	Old			
	New			
5	Old			
	New			
6	Old			
	New			

Candidates Rejected

NAME	How Rejected	Date
1		
2		
3		
4		

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

NAME	Date
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

NAME	$
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1 NAME	Date
1	
2	
3	
4	
5	
6	

Admitted by Transfer Card (Social)

Item 2 NAME	From Camp No.	Date
1		
2		
3		
4		

Withdrawn by Card (Social)

Item 3 NAME	Date
1	
2	
3	
4	

Deceased (Social)

Item 4 NAME	Date
1	
2	
3	
4	

Suspended or Expelled (Social)

Item 5 NAME	Suspended Date	Expelled Date
1		
2		
3		
4		

Social Members Reinstated

Per Capita Arrears Herewith

Item 6 NAME	Amt. Paid	Date Paid
1		
2		
3		
4		
5		
6		
7		

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No. 232	54	44	40
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)	1		50
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to	1	1	50
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased. { Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5)			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5)			
	Totals	56	46	40

Item	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)	1	1.50
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3. page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd. { Decrease of Cert.		
	Change of occupation		
	Error in rate		

Item		Members	Amount $	
	Total Deduction ☞	1	1	50
15	Net membership in good standing ☞	55	44	90
	To which add—			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	55	44	90
20	Benefit Arrears 231/+ 232 for Kleine Neighbors reinstated (Item 3-4)		3	00
21	Benefit short last report, or arrearages other than reinstatements			
	Total Benefit due		47	90
22	Per Capita Arrears.......... Neighbors reinstated			
23	Per Capita short on previous report			
	Total remittance herewith			

Mail to Reach the Head Clerk on or. Before ....18, 190.

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

.........................State of.......................190..

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No.............as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $.........., total amount due on this report.

Please place same to proper credit and confirm receipt.

SEAL

..........................Consul.

Attest: ....Clerk.

Clerk's postoffice address, No............Street, City of............State of............

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 234

Levied for June, 1908

Due Head Office on or before July 18, 1908

Camp No. 8750

Boone Groov State of Ind

Please fill in Camp number and location

	MEMBERS	AMOUNT	
Net Membership this Report	50	$ 40	15
Final Assessments this Report			
Total Membership this Report	50	40	15
Arrears for 1 Neighbors Reinstated		1	50
Benefit Short Last Report			
Assessment No. .... for members adopted during			
Bal. Asst. No. .... for .... increases Hazardous occupation or additional Ins.			
Total Benefit Due		41	65

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $.............. Cr. Slip, $..............

	$		Returned
Benefit			
Per Capita			Credit Slip No. .... $
Supplies			
Cert. Fees			Cash $

Shortage Charged { Benefit, $ ....

Per Capita, $ ....

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in .... first liable Asst. No. ....

Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be Identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

NAME	No. of B. C.	Rate	Cert. Del. When ?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			

Enter Date ~~When Neighbor~~ Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1 NAME	Rate	No. of B. C.	Date Reinstated
1. W. J. Casbon	150	957695	5/19/08
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2 NAME	Old Rate	New Rate	Date of Reinstatement
1.			
2.			
3.			
4.			
5.			

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1 NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1. Funk, H. C.	260	1119525	Hebron Ind	
2. Kleine, B. R.	50	831829	Crown Point Ind	Unknown.
3. Tucker, C. L.	50	1252733	Valparaiso Ind	R.R. No 5
4. Weddle, J. H.	50	1385261	Boone Groov Ind	
5. Weddle, S. L.	65	1430777	Valparaiso Ind	Unknown
6. Dye, Melvin	50	1249180	Hebron Ind	R.R. No 3.
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2. NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered ?	If so, When	Date Engaging in Liquor Traffic
1.							
2.							
3.							

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm't		No. Mbrs	Rate	Amt. this Assessm't		No. Mbrs.	Rate	Amt. this Assessm't	
		For'd									
	$ .25				$ 2.25				$ 4.25		
	.30				2.30				4.30		
	.35				2.35				4.35		
	.40				2.40				4.40		
	.45				2.45				4.45		
16	.50	8	00		2.50				4.50		
3	.55	1	65		2.55				4.55		
2	.60	1	20		2.60				4.60		
5	.65	3	25		2.65				4.65		
2	.70	1	40		2.70				4.70		
3	.75	2	25		2.75				4.75		
1	.80		80		2.80				4.80		
3	.85	2	55		2.85				4.85		
2	.90	1	80		2.90				4.90		
2	.95	1	90		2.95				4.95		
3	1.00	3	00		3.00				5 00		
	1.05				3.05				5.05		
1	1.10	1	10		3.10				5.10		
	1.15				3.15				5.15		
1	1.20	1	20		3.20				5.20		
	1.25				3.2				5.25		
	1.30				3.30				5.30		
	1.35				3.35				5.35		
1	1.40	1	40		3.40				5.40		
	1.45				3.45				5.45		
2	1.50	3	00		3.50				5 50		
	1.55				3.55				5.55		
	1.60				3.60				5.60		
	1.65				3.65				5.65		
1	1.70	1	70		3.70				5.70		
	1.75				3.75				*		
	1.80				3.80						
	1.85				3.85						
	1.90				3.90						
1	1.95	1	95		3.95						
1	2.00	2	00		4.00						
	2.05				4.05						
	2.10				4.10						
	2.15				4.15						
	2.20				4.20						
50		40	15								

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1. NAME	From Camp No.	Rate	First Liability	Date Admitted
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2. NAME	Rate	No. of B. C.	Date of B. C.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Withdrawn by Card---81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3. NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Neighbors Deceased—Secs. 60-65

Item 1 NAME	Rate	Last Paid	Date Paid	Date of Death
1.				
2.				
3.				
4.				

Transferred from Beneficial to Social Membership—Sec. 72

Item 2 NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.				
2.				
3.				
4.				

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3 NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.				
2.				
3.				

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4 NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.				
2.				
3.				
4.				

CHANGE IN RATE, ACCT. { Increase of Insurance—Sec. 42
Decrease of Insurance - Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5 NAME		Amount	Rate	Date
1.	Old			
	New			
2.	Old			
	New			
3.	Old			
	New			
4.	Old			
	New			
5.	Old			
	New			
6.	Old			
	New			

Candidates Rejected

NAME	How Rejected	Date
1.		
2.		
3.		
4.		

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

NAME	$
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1 NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	

Admitted by Transfer Card (Social)

Item 2 NAME	From Camp No.	Date
1.		
2.		
3.		
4.		

Withdrawn by Card (Social)

Item 3 NAME	Date
1.	
2.	
3.	
4	

Deceased (Social)

Item 4 NAME	Date
1.	
2.	
3.	
4	

Suspended or Expelled (Social)

Item 5 NAME	Suspended Date	Expelled Date
1		
2.		
3.		
4.		

Social Members Reinstated

Per Capita Arrears Herewith

Item 6 NAME	Amt. Paid	Date Paid
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amt.	Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No. 233			55	44	90
	If for new Camp, Neighbors first liable (names page 2)					
2	Neighbors adopted since last report; now liable (names page 2)					
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to			1	1	50
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)					
5	Admitted by card (names Item 1, page 4					
6	Transferred from Social to Beneficial membership (names Item 2, page 4)					
7	Rate Increased { Account reinstatement (Item 5, page 5)					
	Increase of certificate (Item 5, page 5)					
	Acct. change occupation (Item 4, page 5)					
	Account error in rate (Item 5, page 5)					
	Totals			56	46	40
	DEDUCTIONS	Members	Amt.			
8	Neighbors suspended for non-payment of this assessment (names page 6)	6	5.25			
9	Neighbors withdrawn by card (Item 3, page 4)					
10	Neighbors died since last report (names Item 1, page 5					
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)					
12	Neighbors expelled (names Item 3, page 5)					
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)					
14	Rate Decd. { Decrease of Cert.					
	Change of occupation					
	Error in rate					
	Total Deduction ☞			6	5	25
15	Net membership in good standing ☞			50	40	15
	To which add —					
16	Final assessment deceased Neighbors (Item 10), last liable this assessment					
17	Final assessment, transferred to Social (Item 11), last liable this assessment					
18	Final assessment withdrawn by card (Item 9), last liable this assessment					
19	Total membership remitted for this report as in good standing			50	40	15
20	Benefit Arrears 1 Neighbors reinstated (Item 3-4)				1	50
21	Benefit short last report, or arrearages other than reinstatements					
	Total Benefit due				41	65
22	Per Capita Arrears .... Neighbors reinstated					
23	Per Capita short on previous report					
	Total remittance herewith					

Mail to Reach the Head Clerk on or Before July 18 ~~18~~, 1908

Be sure and report **AT ONCE** all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Groov State of Ind July 8 1908

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 71.65, total amount due on this report.

Please place same to proper credit and confirm receipt.

Attest: .... Consul.

Edwin Rumroy Clerk.

Clerk's postoffice address, No. .... Street, City of Hebron State of Ind R3

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 2 3 5

Levied for August, 1908

Due Head Office on or before Sept 18, 1908

Camp No. 8750

Boone Groov State of Ind

Please fill in Camp number and location

	MEMBERS	AMOUNT	
		$	
Net Membership this Report	54	44	80
Final Assessments this Report			
Total Membership this Report	54	44	80
Arrears for 5 Neighbors Reinstated		5	60
Benefit Short Last Report Assessment No. .... for members adopted during			
Bal. Asst. No. .... for .... increases Hazardous occupation or additional Ins.			
Total Benefit Due		50	40

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $............ Cr. Slip, $............

	$	Returned	
Benefit			
Per Capita		Credit Slip No.	$
Supplies			
Cert. Fees		Cash	$

Shortage Charged { Benefit, $............ Per Capita, $............

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in .... first liable Asst. No. .... Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

Note Carefully: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

Enter Date ~~When Neighbor~~ Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	Melvin Dye	50	1249180	7/23/08
2.	C. L. Tucker	50	1252733	8/11/08
3.	J. H. Weddle	50	1385261	7/25/08
4.	B. R. Kleine	1.50	831829	8/13/08
5.	H. C. Funk	2.60	1119525	8/24/08
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. 235 Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.	Brugh, Edward	95		Lowell Ind	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.								
2.								
3.								

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt		No. Mbrs	Rate	Amt. this Assessm'nt		No. Mbrs.	Rate	Amt. this Assessm'nt	
		For'd				42	20				
	$ .25				$ 2.25				$ 4.25		
	.30				2.30				4.30		
	.35				2.35				4.35		
	.40				2.40				4.40		
	.45				2.45				4.45		
19	.50	9	50		2.50				4.50		
3	.55	1	65		2.55				4.55		
2	.60	1	20	1	2.60	2	60		4.60		
5	.65	3	25		2.65				4.65		
2	.70	1	40		2.70				4.70		
3	.75	2	25		2.75				4.75		
1	.80		80		2.80				4.80		
3	.85	2	55		2.85				4.85		
2	.90	1	80		2.90				4.90		
1	.95		95		2.95				4.95		
3	1.00	3	00		3.00				5.00		
	1.05				3.05				5.05		
1	1.10	1	10		3.10				5.10		
	1.15				3.15				5.15		
1	1.20	1	20		3.20				5.20		
	1.25				3.2				5.25		
	1.30				3.30				5.30		
	1.35				3.35				5.35		
1	1.40	1	40		3.40				5.40		
	1.45				3.45				5.45		
3	1.50	4	50		3.50				5.50		
	1.55				3.55				5.55		
	1.60				3.60				5.60		
	1.65				3.65				5.65		
1	1.70	1	70		3.70				5.70		
	1.75				3.75				*		
	1.80				3.80						
	1.85				3.85						
	1.90				3.90						
1	1.95	1	95		3.95						
1	2.00	2	00		4.00						
	2.05				4.05						
	2.10				4.10						
	2.15				4.15						
	2.20				4.20						
		42	20			44	80				

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.	Hiram Church	1391768	90	235	8/22/08
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					
4.					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20-

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.	~~Funk, H. C.~~	~~1119525~~	~~2.60~~	~~1.00~~	~~8/31/08~~
2.					
3.					
4.					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance—Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5	NAME		Amount	Rate	Date
1.		Old			
		New			
2.		Old			
		New			
3.		Old			
		New			
4.		Old			
		New			
5.		Old			
		New			
6.		Old			
		New			

Candidates Rejected

	NAME	How Rejected	Date
1.			
2.			
3.			
4.			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$
1.	Dye, Melvin	50
2.	Tucker, C. L.	50
3.	Weddle, J. H.	50
4.	Kleine, B. R.	50
5.	Funk, H. C.	50
6.		
7.		
8.		
9.		
10.		
11.		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.			
2.			
3.			
4.			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No. 234	50	40	15
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)			
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to	5	5	60
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased { Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5)			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5)			
	Totals	55	45	75

Item	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)	1	95
9	Neighbors withdrawn by card (Item 3, page 4)	1	90
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3, page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd. { Decrease of Cert.		
	Change of occupation		
	Error in rate		

Item		Members	Amount	
	Total Deduction ☞	2	1	85
15	Net membership in good standing ☞	53	43	90
	To which add—			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment	1		90
19	Total membership remitted for this report as in good standing	54	44	80
20	Benefit Arrears 5 Neighbors reinstated (Item 3-4)			
21	Benefit short last report, or arrearages other than reinstatements		5	60
	Total Benefit due		50	40
22	Per Capita Arrears 5 Neighbors reinstated		2	50
23	Per Capita short on previous report			
	Total remittance herewith		52	90

Mail to Reach the Head Clerk on or Before Sept 18 ~~18,~~ 1908

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Groov State of Ind Sept 4 1908

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 52.90, total amount due on this report.

Please place same to proper credit and confirm receipt.

SEAL

.... Consul.

Attest: Edwin Rumroy Clerk.

Clerk's postoffice address, No. .... Street, City of Hebron R 3 State of Ind

9

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 236
Levied for September, 1908
Due Head Office on or before Oct 18, 1908
Camp No. 8750
Boone Grove State of Ind
Please fill in Camp number and location

	MEMBERS	AMOUNT $	
Net Membership this Report	48	38	15
Final Assessments this Report			
Total Membership this Report	48	38	15
Arrears for .... Neighbors Reinstated			
Benefit Short Last Report			
Assessment No. .... for members adopted during			
Bal. Asst. No. .... for .... increases Hazardous occupation or additional Ins.			
Total Benefit Due		38	15

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $.............. Cr. Slip, $..............

	$		Returned	
Benefit			Credit Slip	$
Per Capita			No.	
Supplies				
Cert. Fees			Cash	$

Shortage Charged { Benefit, $ ....
Per Capita, $ ....

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in .... first liable Asst. No. ....
Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

Enter Date ~~When Neighbor~~ Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					
4.					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.	Funk, H. C.	1119525	260	100	8/31/08
2.					
3.					
4.					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance - Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5	NAME		Amount	Rate	Date
		Old			
1.		New			
		Old			
2.		New			
		Old			
3.		New			
		Old			
4.		New			
		Old			
5.		New			
		Old			
6.		New			

Candidates Rejected

	NAME	How Rejected	Date
1.			
2.			
3.			
4.			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1	Weddle, J. W.	.50	1385261	Boone Grove, Ind	
2	Kleine, B. R.	1.50	831829	Crown Point Ind	R. R. #2
3	Walters, S. J.	.85	831835	Hebron, Ind.	
4	Brown, R. A.	.55	1301306	Boone Grove Ind.	
5	Eslinger, O. L.	.75	1430775	Hebron, Ind	R. R. #3.
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.								
2.								
3.								

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt	No. Mbrs.	Rate	Amt. this Assessm'nt
		For'd						
	$ .25			$ 2.25			$ 4.25	
	.30			2.30			4.30	
	.35			2.35			4.35	
	.40			2.40			4.40	
	.45			2.45			4.45	
18	.50	9 00		2.50			4.50	
2	.55	1 10		2.55			4.55	
2	.60	1 20		2.60			4.60	
5	.65	3 25		2.65			4.65	
2	.70	1 40		2.70			4.70	
2	.75	1 50		2.75			4.75	
1	.80	80		2.80			4.80	
2	.85	1 70		2.85			4.85	
1	.90	90		2.90			4.90	
1	.95	95		2.95			4.95	
4	1.00	4 00		3.00			5.00	
	1.05			3.05			5.05	
1	1.10	1 10		3.10			5.10	
	1.15			3.15			5.15	
1	1.20	1 20		3.20			5.20	
	1.25			3.2			5.25	
	1.30			3.30			5.30	
	1.35			3.35			5.35	
1	1.40	1 40		3.40			5.40	
	1.45			3.45			5.45	
2	1.50	3 00		3.50			5.50	
	1.55			3.55			5.55	
	1.60			3.60			5.60	
	1.65			3.65			5.65	
1	1.70	1 70		3.70			5.70	
	1.75			3.75			*	
	1.80			3.80				
	1.85			3.85				
	1.90			3.90				
1	1.95	1 95		3.95				
1	2.00	2 00		4.00				
	2.05			4.05				
	2.10			4.10				
	2.15			4.15				
	2.20			4.20				
		38 15						

*Rates not indicated above to be entered by Camp Clerk on blank lines.

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(*Report here only Social Membership changes for the month.*)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1	Eaton, Harry	Oct 1st	
2.			
3.			
4.			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Combined Membership and Financial Statement

Item	With but one Rate each for—			Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No. 235			54	44	80
	If for new Camp, Neighbors first liable (names page 2)					
2	Neighbors adopted since last report; now liable (names page 2)					
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to					
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)					
5	Admitted by card (names Item 1, page 4					
6	Transferred from Social to Beneficial membership (names Item 2, page 4)					
7	Rate Increased: Account reinstatement (Item 5, page 5)					
	Increase of certificate (Item 5, page 5)					
	Acct. change occupation (Item 4, page 5)					
	Account error in rate (Item 5, page 5)					
	Totals			54	44	80
	DEDUCTIONS	Members	Amt.			
8	Neighbors suspended for non-payment of this assessment (names page 6)	5	4.15			
9	Neighbors withdrawn by card (Item 3, page 4)					
10	Neighbors died since last report (names Item 1, page 5					
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)					
12	Neighbors expelled (names Item 3, page 5)					
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)					
14	Rate Decd.: Decrease of Cert.					
	Change of occupation					
	Error in rate					
	Total Deduction ☞			5	4	15
15	Net membership in good standing ☞			48	38	15
	To which add—					
16	Final assessment deceased Neighbors (Item 10), last liable this assessment					
17	Final assessment, transferred to Social (Item 11), last liable this assessment					
18	Final assessment withdrawn by card (Item 9), last liable this assessment					
19	Total membership remitted for this report as in good standing			48	38	15
20	Benefit Arrears...... Neighbors reinstated (Item 3-4).					
21	Benefit short last report, or arrearages other than reinstatements					
	Total Benefit due				38	15
22	Per Capita Arrears............ Neighbors reinstated					
23	Per Capita short on previous report					
	Total remittance herewith				38	15

Mail to Reach the Head Clerk on or Before Oct 18, 1908

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove State of Ind Oct 7 1908

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 38.15, total amount due on this report.

Please place same to proper credit and confirm receipt.

.... Consul.

Attest: Edwin Pinnow Clerk.

Clerk's postoffice address, No. .... Street, City of Hebron State of Ind RR 3

SEAL

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 237

Levied for November, 1908

Due Head Office on or before Dec 18, 1908

Camp No. 8750

Boone Grove State of Ind.

Please fill in Camp number and location

	MEMBERS	AMOUNT	
Net Membership this Report	49	$ 40	50
Final Assessments this Report			
Total Membership this Report	49	40	50
Arrears for 5 Neighbors Reinstated		4	15
Benefit Short Last Report Assessment No. 236 for members adopted during Oct		4	15
Bal. Asst. No. .... for .... increases Hazardous occupation or additional Ins.			
Total Benefit Due		48	80

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $.......... Cr. Slip, $..........

	$		Returned
Benefit			
Per Capita			Credit Slip No. .... $..........
Supplies			
Cert. Fees			Cash $..........

Shortage Charged { Benefit, $..........
....
Per Capita, $..........

Audited by.......... Date..........

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in Oct first liable Asst. No. 236
Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When?
1.	Kenworthy A. C.	1591468	80	10/14/08
2.	Tucker, F. H.	1586734	1.00	10/14
3.	McFarland, W. J.	1591469	1.60	10/14
4.	Burkhart, M.	1589399	75	10/14
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

Enter Date ~~When Neighbor~~ Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	Weddle, J. H.	50	1385261	10/12
2.	Edinger, O. L.	75	1430775	10/14
3.	Kleine, B. R.	1.50	831829	10/20
4.	Walters, J. J.	85	831835	10/29
5.	Brown R. A.	55	1301306	11/30
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. 237 Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.	Brody E. A ✓	50	1521264	Boone Grove Ind	
2.	Dorsey, Stewart ✓	75	1440762	Valparaiso Ind	RR#7
3.	Brody, F. H. ✓	85	1247204	Boone Grove Ind	
4.	Sarron, Chas ✓	50	1523294	Boone Grove Ind	
5.	Hildreth W. G ✓	50	1323072	Valparaiso Ind	RR#7
6.	Walters, J. J.	85	831835	Hebron, Ind	
7.	Bysler, O. R. ✓	50	1521265	Boone Grove Ind	
8.	Kleine B. R. ✓	1.50	831829	Crown Point Ind	R. R. #2.
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.								
2.								
3.								

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt		No. Mbrs	Rate	Amt. this Assessm'nt		No. Mbrs.	Rate	Amt. this Assessm'nt	
		For'd									
	$ .25				$ 2.25				$ 4.25		
	.30				2.30				4.30		
	.35				2.35				4.35		
	.40				2.40				4.40		
	.45				2.45				4.45		
15	.50	7	50		2.50				4.50		
3	.55	1	65		2.55				4.55		
2	.60	1	20		2.60				4.60		
5	.65	3	25		2.65				4.65		
2	.70	1	40		2.70				4.70		
3	.75	2	25		2.75				4.75		
2	.80	1	60		2.80				4.80		
1	.85		85		2.85				4.85		
1	.90		90		2.90				4.90		
1	.95		95		2.95				4.95		
5	1.00	5	00		3.00				5.00		
	1.05				3.05				5.05		
1	1.10	1	10		3.10				5.10		
	1.15				3.15				5.15		
1	1.20	1	20		3.20				5.20		
	1.25				3.25				5.25		
	1.30				3.30				5.30		
	1.35				3.35				5.35		
1	1.40	1	40		3.40				5.40		
	1.45				3.45				5.45		
2	1.50	3	00		3.50				5.50		
	1.55				3.55				5.55		
1	1.60	1	60		3.60				5.60		
	1.65				3.65				5.65		
1	1.70	1	70		3.70				5.70		
	1.75				3.75				*		
	1.80				3.80						
	1.85				3.85						
	1.90				3.90						
1	1.95	1	95		3.95						
1	2.00	2	00		4.00						
	2.05				4.05						
	2.10				4.10						
	2.15				4.15						
	2.20				4.20						
		40	50								

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					
4.					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					
4.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance - Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5	NAME		Amount	Rate	Date
1.		Old			
		New			
2.		Old			
		New			
3.		Old			
		New			
4.		Old			
		New			
5.		Old			
		New			
6.		Old			
		New			

Candidates Rejected

NAME	How Rejected	Date
1.		
2.		
3.		
4.		
5.		
6.		

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

NAME	$	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.			
2.			
3.			
4.			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid		Date Paid	
1.	Eaton, Harry	1	00	10	14
2.					
3.					
4.					
5.					
6.					
7.					

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount	
1	Net membership remitted for last report (item 15) Assessment No. 236	48	$ 38	15
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)	4	4	15
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to	5	4	15
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased { Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5)			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5)			
	Totals	57	46	45

	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)	8	5.95
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3. page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd. { Decrease of Cert.		
	Change of occupation		
	Error in rate		

Item		Members	Amount	
	Total Deduction ☞	8	5	95
15	Net membership in good standing ☞	49	40	50
	To which add—			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	49	40	50
20	Benefit Arrears 5 Neighbors reinstated (Item 3-4)		4	15
21	Benefit short last report, or arrearages other than reinstatements		4	15
	Total Benefit due		48	80
22	Per Capita Arrears .... Neighbors reinstated			
23	Per Capita short on previous report			
	Total remittance herewith		48	80

Mail to Reach the Head Clerk on or Before Dec 18, 1908

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove State of Ind Dec 9 1908

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 48.80, total amount due on this report.

Please place same to proper credit and confirm receipt.

.... Consul.

Attest: Edwin Pumroy Clerk.

Clerk's postoffice address, No. .... Street, City of Hebron State of Ind

SEAL

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 238
Levied for December, 1908
Due Head Office on or before Jan 18, 1909
Camp No. 8750
Boone Grove State of Ind
Please fill in Camp number and location

	MEMBERS	AMOUNT	
Net Membership this Report	48	$ 38	35
Final Assessments this Report			
Total Membership this Report	48	38	35
Arrears for 6 Neighbors Reinstated		3	60
Benefit Short Last Report			
Assessment No. .... for members adopted during			
Bal. Asst. No. .... for .... increases Hazardous occupation or additional Ins.			
Total Benefit Due		41	95

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $.......... Cr. Slip, $..........

	$		Returned	
Benefit			Credit Slip	$
Per Capita			No.	
Supplies				
Cert. Fees			Cash	$

Shortage Charged { Benefit, $..........
Per Capita, $..........

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in .... first liable Asst. No. ....
Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

Enter Date ~~when Neighbor~~ or Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	Bussler O. R. ✓	50	1521265	12/22
2.	Hildreth H. G ✓	50	1323072	12/22
3.	Brody E. A. ✓	50	1521264	12/22
4.	Dorsey Stewart ✓	75	1440762	12/22
5.	Herron Chas ✓	50	1523294	12/22
6.	Brody F. H ✓	85	1247204	12/22
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

1

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. 238 Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.	Dye, Ira ✓	50		Hebron Ind	RR 3
2.	Dye, Melvin ✓	50		Hebron Ind	RR 3
3.	Burkhart Martin ✓	75		Valparaiso Ind	RR 2
4.	Tucker F. W	100		Valparaiso Ind	RR 5
5.	Elites Chas ✓	50		Boone Grove Ind	
6.	Funk H. G	100		Union Mills Ind	
7.	Casbon, W. J ✓	150		Hebron Ind	RR 3
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.								
2.								
3.								

11

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt		No. Mbrs	Rate	Amt. this Assessm'nt		No. Mbrs.	Rate	Amt. this Assessm'nt	
		For'd									
	$ .25				$ 2.25				$ 4.25		
	.30				2.30				4.30		
	.35				2.35				4.35		
	.40				2.40				4.40		
	.45				2.45				4.45		
16	.50	8	00		2.50				4.50		
3	.55	1	65		2.55				4.55		
2	.60	1	20		2.60				4.60		
5	.65	3	25		2.65				4.65		
2	.70	1	40		2.70				4.70		
3	.75	2	25		2.75				4.75		
2	.80	1	60		2.80				4.80		
2	.85	1	70		2.85				4.85		
1	.90		90		2.90				4.90		
1	.95		95		2.95				4.95		
3	1.00	3	00		3.00				5.00		
	1.05				3.05				5.05		
1	1.10	1	10		3.10				5.10		
	1.15				3.15				5.15		
1	1.20	1	20		3.20				5.20		
	1.25				3.2				5.25		
	1.30				3.30				5.30		
	1.35				3.35				5.35		
1	1.40	1	40		3.40				5.40		
	1.45				3.45				5.45		
1	1.50	1	50		3.50				5.50		
	1.55				3.55				5.55		
1	1.60	1	60		3.60				5.60		
	1.65				3.65				5.65		
1	1.70	1	70		3.70				5.70		
	1.75				3.75			*			
	1.80				3.80						
	1.85				3.85						
	1.90				3.90						
1	1.95	1	95		3.95						
1	2.00	2	00		4.00						
	2.05				4.05						
	2.10				4.10						
	2.15				4.15						
	2.20				4.20						
		38	35								

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					
4.					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance - Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5	NAME		Amount	Rate	Date
1.		Old			
		New			
2.		Old			
		New			
3.		Old			
		New			
4.		Old			
		New			
5.		Old			
		New			
6.		Old			
		New			

Candidates Rejected

	NAME	How Rejected	Date
1.			
2.			
3.			
4.			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.	Baker Ross	1 - 1'09	
2.			
3.			
4.			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount	
1	Net membership remitted for last report (Item 15) Assessment No. 237	49	$ 40	50
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)			
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to	6	3	60
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased { Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5)			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5)			
	Totals	55	44	10

Item	DEDUCTIONS	Members	Amt.			
8	Neighbors suspended for non-payment of this assessment (names page 6)	7	5.75			
9	Neighbors withdrawn by card (Item 3, page 4)					
10	Neighbors died since last report (names Item 1, page 5					
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)					
12	Neighbors expelled (names Item 3. page 5)					
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)					
14	Rate Decd. { Decrease of Cert.					
	Change of occupation					
	Error in rate					
	Total Deduction ☞			7	5	75
15	Net membership in good standing ☞			48	38	35
	To which add—					
16	Final assessment deceased Neighbors (Item 10), last liable this assessment					
17	Final assessment, transferred to Social (Item 11), last liable this assessment					
18	Final assessment withdrawn by card (Item 9), last liable this assessment					
19	Total membership remitted for this report as in good standing			48	38	35
20	Benefit Arrears 6 Neighbors reinstated (Item 3-4)				3	60
21	Benefit short last report, or arrearages other than reinstatements					
	Total Benefit due				41	95
22	Per Capita Arrears .... Neighbors reinstated					
23	Per Capita short on previous report					
	Total remittance herewith				41	95

Mail to Reach the Head Clerk on or Before Jan 18, 1909

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove State of Ind Jan 3 1909

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 41.95, total amount due on this report.

Please place same to proper credit and confirm receipt.

SEAL

Attest: .... Consul.

Edwin [illegible] Clerk.

Clerk's postoffice address, No. .... Street, City of .... State of ....

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 239
Levied for January, 1909
Due Head Office on or before Feb 18, 1909
Camp No. 8750
Boone Grove State of Ind
Please fill in Camp number and location

	MEMBERS	AMOUNT $	
Net Membership this Report	51	42	10
Final Assessments this Report			
Total Membership this Report	51	42	10
Arrears for 4 Neighbors Reinstated		5	75
Benefit Short Last Report Assessment No. ...... for members adopted during			
Bal. Asst. No. ...... for ...... increases Hazardous occupation or additional Ins.			
Total Benefit Due		47	85

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $.......... Cr. Slip, $..........

	$		Returned
Benefit			
Per Capita			Credit Slip No. ...... } $......
Supplies			
Cert. Fees			Cash $......

Shortage Charged { Benefit, $..........
Per Capita, $..........

Audited by.......... Date..........

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in..........first liable Asst. No..........
Adoptions in..........first liable Asst. No..........

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When ?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

Enter Date ~~when Neighbor~~ Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	Clites, Chas ✓	50		1/1/09
2.	Kleine, B. R. ✓	1.50	831829	1/23/..
3.	Casbon, A. J. ✓	1.50	957695	1/5/..
4.	Burkhart, M. ✓	75		1/12/..
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.	Tucker, C. L.	50	252733	Valparaiso Ind	R R 5
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

$ 33.00

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered ?	If so, When	Date Engaging in Liquor Traffic
1.								
2.								
3.								

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt	No. Mbrs.	Rate	Amt. this Assessm'nt
		For'd						
	$ .25			$ 2.25			$ 4.25	
	.30			2.30			4.30	
	.35			2.35			4.35	
	.40			2.40			4.40	
	.45			2.45			4.45	
16	.50	8 00		2.50			4.50	
3	.55	1 65		2.55			4.55	
2	.60	1 20		2.60			4.60	
5	.65	3 25		2.65			4.65	
2	.70	1 40		2.70			4.70	
4	.75	3 00		2.75			4.75	
2	.80	1 60		2.80			4.80	
2	.85	1 70		2.85			4.85	
1	.90	90		2.90			4.90	
1	.95	95		2.95			4.95	
3	1.00	3 00		3.00			5.00	
	1.05			3.05			5.05	
1	1.10	1 10		3.10			5.10	
	1.15			3.15			5.15	
1	1.20	1 20		3.20			5.20	
	1.25			3.25			5.25	
	1.30			3.30			5.30	
	1.35			3.35			5.35	
1	1.40	1 40		3.40			5.40	
	1.45			3.45			5.45	
3	1.50	4 50		3.50			5.50	
	1.55			3.55			5.55	
1	1.60	1 60		3.60			5.60	
	1.65			3.65			5.65	
1	1.70	1 70		3.70			5.70	
	1.75			3.75			*	
	1.80			3.80				
	1.85			3.85				
	1.90			3.90				
1	1.95	1 95		3.95				
1	2.00	2 00		4.00				
	2.05			4.05				
	2.10			4.10				
	2.15			4.15				
	2.20			4.20				
		42 10						

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					
4.					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					
4.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance—Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5	NAME		Amount	Rate	Date
1.		Old			
		New			
2.		Old			
		New			
3.		Old			
		New			
4.		Old			
		New			
5.		Old			
		New			
6.		Old			
		New			

Candidates Rejected

	NAME	How Rejected	Date
1.	McConkey, Glenn	Ballot	1/5/09
2.			
3.			
4.			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$	
1.	Clites, Chas		60
2.	Kleine, B. R.		60
3.	Casbon, A. J.		60
4.	Burkhart, M		60
5.			
6.			
7.			
8.			
9.			
10.			
11.			

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date	
1.	Kittenberg, F.	Jan	5th
2.	Woods, E. B.	"	5 "
3.	Baker, Emery	"	5 "
4.	Hutton, Chas	"	5 "
5.	Merriman, A. F.	"	19 "
6.			

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1			
2.			
3.			
4.			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1.	Baker, Ross	1 00	Jan 5th
2.			
3.			
4.			
5.			
6.			
7.			

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No. 238	48	38	35
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)			
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to	4	5	75
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased { Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5)			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5)			
	Totals	52	44	10

	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)	1	.50
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3, page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd. { Decrease of Cert.		
	Change of occupation		
	Error in rate		

Item		Members	Amount $	
	Total Deduction ☞	1		50
15	Net membership in good standing ☞	51	43	60
	To which add—			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	51	42	10
20	Benefit Arrears 4 Neighbors reinstated (Item 3-4)		5	75
21	Benefit short last report, or arrearages other than reinstatements			
	Total Benefit due		47	85
22	Per Capita Arrears 5 Neighbors reinstated		3	00
23	Per Capita short on previous report			
	Total remittance herewith		50	85

Mail to Reach the Head Clerk on or Before Feb 18, 1909

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove State of Ind Feb 8 1909

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 50.85, total amount due on this report.

Please place same to proper credit and confirm receipt.

SEAL

Attest: .... Consul.
Edwin Pumroy Clerk.

Clerk's postoffice address, No.......... Street, City of.......... State of..........

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 240

Levied for Feby, 1909

Due Head Office on or before Mch 18, 1909

Camp No. 8750

Boone Grove, Ind. State of

Please fill in Camp number and location

	MEMBERS	AMOUNT
Net Membership this Report	61	$ 48 90
Final Assessments this Report		
Total Membership this Report	61	48 90
Arrears for 2 Neighbors Reinstated		2 00
Benefit Short Last Report Assessment No. .... for members adopted during		
Bal. Asst. No. .... for .... increases Hazardous occupation or additional Ins.		
Total Benefit Due		50 90

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $.......... Cr. Slip, $..........

	$	Returned	
Benefit		Credit Slip No.	$
Per Capita			
Supplies			
Cert. Fees		Cash	$

Shortage Charged { Benefit, $ .... / Per Capita, $ ....

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in Feby first liable Asst. No. 240 / Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When ?
1	W S Williams	1633951	95	2/21
2	F C Millay	1633949	60	" 21
3	C J Storry	1633950	80	" 21
4	W H Walford	1644310	70	" 16
5	R J Jonck	1644308	50	" 16
6	E Nickerson	1638171	1.00	" 16
7	M A Ritter	1644309	80	" 16
8	A N Edwards	1638169	70	" 16
9	N Homfeld	1638170	50	" 16
10			6.55	
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				

Enter Date ~~when Neighbor~~ Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1	Ira Dyer	50	–	
2	Melvin Dyer	50	–	
3				
4		1 00		
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1				
2				
3				
4				
5				

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1	M Burkhart	75	1589399	Hurlbut Ind	Porter Co
2	~~[illegible]~~	~~50~~		Boone Grove Ind	Porter Co
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					

$ 3.85

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1								
2								
3								

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt	No. Mbrs.	Rate	Amt. this Assessm'nt
		For'd						
	$ .25			$ 2.25			$ 4.25	
	.30			2.30			4.30	
	.35			2.35			4.35	
	.40			2.40			4.40	
	.45			2.45			4.45	
20	.50	10 00		2.50			4.50	
3	.55	1 65		2.55			4.55	
3	.60	1 80		2.60			4.60	
5	.65	3 25		2.65			4.65	
4	.70	2 80		2.70			4.70	
3	.75	2 25		2.75			4.75	
4	.80	3 20		2.80			4.80	
2	.85	1 70		2.85			4.85	
1	.90	90		2.90			4.90	
2	.95	1 90		2.95			4.95	
4	1.00	4 00		3.00			5.00	
	1.05			3.05			5.05	
1	1.10	1 10		3.10			5.10	
	1.15			3.15			5.15	
1	1.20	1 20		3.20			5.20	
	1.25			3.25			5.25	
	1.30			3.30			5.30	
	1.35			3.35			5.35	
1	1.40	1 40		3.40			5.40	
	1.45			3.45			5.45	
3	1.50	4 50		3.50			5.50	
	1.55			3.55			5.55	
1	1.60	1 60		3.60			5.60	
	1.65			3.65			5.65	
1	1.70	1 70		3.70			5.70	
	1.75			3.75			*	
	1.80			3.80				
	1.85			3.85				
	1.90			3.90				
1	1.95	1 95		3.95				
1	2.00	2 00		4.00				
	2.05			4.05				
	2.10			4.10				
	2.15			4.15				
61	2.20	48 90		4.20				
~~[illegible]~~		~~[illegible]~~						

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1	E R Dyer	40		
2				
3				
4				
5				
6				
7				
8				
9				

Withdrawn by Card---81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1	~~E R Dyer~~	~~231854~~	~~70~~	~~2/6~~	~~4/8~~
2	~~Edw Shoup~~	~~103603~~	~~60~~	~~2/16~~	~~"~~
3					
4					
5					
6					
7					
8					
9					
10					
11					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1					
2					
3					
4					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1					
2					
3					
4					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1					
2					
3					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1					
2					
3					
4					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42 / Decrease of Insurance—Sec. 45 / Increase Rate Acct. Sus.—Sec. 57 / Correction of Error in Rate

Item 5	NAME		Amount	Rate	Date
1		Old			
		New			
2		Old			
		New			
3		Old			
		New			
4		Old			
		New			
5		Old			
		New			
6		Old			
		New			

Candidates Rejected

	NAME	How Rejected	Date
1			
2			
3			
4			
5			
6			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1		
2		
3		
4		
5		
6		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1			
2			
3			
4			

Withdrawn by Card (Social)

Item 3	NAME	Date
1		
2		
3		
4		

Deceased (Social)

Item 4	NAME	Date
1		
2		
3		
4		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1			
2			
3			
4			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1			
2			
3			
4			
5			
6			
7			

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount
1	Net membership remitted for last report (Item 15) Assessment No. 239	51	$ 42 10
	If for new Camp, Neighbors first liable (names page 2)		
2	Neighbors adopted since last report; now liable (names page 2)	9	6 55
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to	2	1 00
4	Neighbors, reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)		
5	Admitted by card (names Item 1, page 4		
6	Transferred from Social to Beneficial membership (names Item 2, page 4)		
7	Rate Increased. Account reinstatement (Item 5, page 5)		
	Increase of certificate (Item 5, page 5)		
	Acct. change occupation (Item 4, page 5)		
	Account error in rate (Item 5, page 5)		
	Totals	62	49 65

	DEDUCTIONS	Members	Amt.		
8	Neighbors suspended for non-payment of this assessment (names page 6)	1	.75		
9	Neighbors withdrawn by card (Item 3, page 4)				
10	Neighbors died since last report (names Item 1, page 5				
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)				
12	Neighbors expelled (names Item 3, page 5)				
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)				
14	Rate Decd. Decrease of Cert.				
	Change of occupation				
	Error in rate				
	Total Deduction ☞			1	75
15	Net membership in good standing ☞			61	48 90
	To which add—				
16	Final assessment deceased Neighbors (Item 10), last liable this assessment				
17	Final assessment, transferred to Social (Item 11), last liable this assessment				
18	Final assessment withdrawn by card (Item 9), last liable this assessment				
19	Total membership remitted for this report as in good standing			61	48 90
20	Benefit Arrears 2 Neighbors reinstated (Item 3-4)				2 00
21	Benefit short last report, or arrearages other than reinstatements				
	Total Benefit due				50 90
22	Per Capita Arrears 2 Neighbors reinstated				1 20
23	Per Capita short on previous report				
	Total remittance herewith				52 10

Mail to Reach the Head Clerk on or Before 18, 190

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove, Ind. State of Mar 17 1909

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 49 40, total amount due on this report.

Please place same to proper credit and confirm receipt.

SEAL

Attest:

D. Johnson Consul.

A J Paddock Clerk.

Clerk's postoffice address, No. Boone Grove, Ind. Street, City of .... State of ....

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 241

Levied for March, 1909

Due Head Office on or before Apr 18, 1909

Camp No. 8750

Boone Grove, Ind State of

Please fill in Camp number and location

	MEMBERS	AMOUNT	
Net Membership this Report	58	$ 46	25
Final Assessments this Report			
Total Membership this Report	58	46	25
Arrears for .... Neighbors Reinstated			
Benefit Short Last Report		1	50
~~*Assessment No. ...... for members adopted during*~~ Per Cap short Last Report		1	20
Bal. Asst. No. ...... for ...... increases Hazardous occupation or additional Ins.			
Total Benefit Due		48	95

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $.............. *Cr. Slip,* $..............

			Returned	
Benefit			Credit Slip No.	$
Per Capita				
Supplies				
Cert. Fees			Cash	$

Shortage Charged { *Benefit,* $.............. / *Per Capita,* $..............

Audited by.............. *Date*..............

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date ~~of Delivery of~~ Benefit Certificate

Notice { Adoptions in Mar first liable Asst. No. 241 / Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When?
1.	Chas E Halberg	1666755	75	3/30
2.	Chas Hathaway	1662896	75	3/30
3.				
4.			1.50	
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

Enter Date ~~when Reinst.~~ or Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.	3.60			
18.				
19.	~~[illegible]~~			
20.	3.60			
21.				
22.	Apr			
23.	Mar			
24.				
25.				
26.				
27.				
28.				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. 241 Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.	Chas Herron	50	1523294	Boone Grove	Ind
2.	Joe Long	65	1569956	" "	"
3.	Sam Racer	65	1521771	" "	"
4.					
5.		1.80			
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.								
2.								
3.								

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt		No. Mbrs	Rate	Amt. this Assessm'nt		No. Mbrs.	Rate	Amt. this Assessm'nt	
		For'd									
	$ .25				$ 2.25				$ 4.25		
	.30				2.30				4.30		
	.35				2.35				4.35		
	.40				2.40				4.40		
	.45				2.45				4.45		
19	.50	9	50		2.50				4.50		
3	.55	1	65		2.55				4.55		
3	.60	1	80		2.60				4.60		
2	.65	1	30		2.65				4.65		
4	.70	2	80		2.70				4.70		
5	.75	3	75		2.75				4.75		
4	.80	3	20		2.80				4.80		
2	.85	1	70		2.85				4.85		
1	.90		90		2.90				4.90		
2	.95	1	90		2.95				4.95		
4	1.00	4	00		3.00				5 00		
	1.05				3.05				5.05		
1	1.10	1	10		3.10				5.10		
	1.15				3.15				5.15		
1	1.20	1	20		3.20				5.20		
	1.25				3.25				5.25		
	1.30				3.30				5.30		
	1.35				3.35				5.35		
1	1.40	1	40		3.40				5.40		
	1.45				3.45				5.45		
3	1.50	4	50		3.50				5 50		
	1.55				3.55				5.55		
1	1.60	1	60		3.60				5.60		
	1.65				3.65				5.65		
	1.70				3.70				5.70		
	1.75				3.75				*		
	1.80				3.80						
	1.85				3.85						
	1.90				3.90						
1	1.95	1	95		3.95						
1	2.00	2	00		4.00						
	2.05				4.05						
	2.10				4.10						
	2.15				4.15						
	2.20				4.20						
58		46	25								

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp.

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Withdrawn by Card---81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.	E R Dye	831824	170	2/16	2/28
2.	Edward Shoup	1036513	65	"	"
3.					
4.			2.35		
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					
4.					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42 / Decrease of Insurance—Sec. 45 / Increase Rate Acct. Sus.—Sec. 57 / Correction of Error in Rate }

Item 5	NAME		Amount	Rate	Date
1.		Old			
		New			
2.		Old			
		New			
3.		Old			
		New			
4.		Old			
		New			
5.		Old			
		New			
6.		Old			
		New			

Candidates Rejected

	NAME	How Rejected	Date
1.			
2.			
3.			
4.			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date		Expelled Date	
1.	J B Woods	3	31		
2.					
3.					
4.					

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount	
1	Net membership remitted for last report (Item 15) Assessment No. 240	61	$ 48	90
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)	2	1	50
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to			
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4.			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased { Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5).			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5).			
	Totals	63	50	40

	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)	3	1.80
9	Neighbors withdrawn by card (Item 3, page 4)	2	2.35
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3. page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd. { Decrease of Cert.		
	Change of occupation		
	Error in rate		

Item		Members	Amount	
	Total Deduction ☞	5	4	15
15	Net membership in good standing ☞	58	46	25
	To which add —			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	58	46	25
20	Benefit Arrears...... Neighbors reinstated (Item 3-4)			
21	Benefit short last report, or arrearages other than reinstatements		1	50
	Total Benefit due		47	75
22	Per Capita Arrears............ Neighbors reinstated			
23	Per Capita short on previous report		1	20
	Total remittance herewith		48	95

Mail to Reach the Head Clerk on or Before ....18, 190....

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove, Ind. ....State of ....April 14th 1909

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 48.95, total amount due on this report.

Please place same to proper credit and confirm receipt.

SEAL

Attest: .... Consul.

A J Paddock .... Clerk.

Clerk's postoffice address, No. .... Street, City of Boone Grove, Ind. State of ....

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 245

Levied for May, 1909

Due Head Office on or before June 18, 1909

Camp No. 8705

Boone Grove State of Ind

Please fill in Camp number and location

	MEMBERS	AMOUNT	
Net Membership this Report	61	$ 47	30
Final Assessments this Report			
Total Membership this Report	61	47	30
Arrears for 4 Neighbors Reinstated		3	30
Benefit Short Last Report Assessment No. ...... for members adopted during			
Bal. Asst. No. ...... for ...... increases Hazardous occupation or additional Ins.			
Total Benefit Due		50	60

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $............ Cr. Slip, $............

	$		Returned	
Benefit			Credit Slip No.	$
Per Capita				
Supplies				
Cert. Fees			Cash	$

Shortage Charged { Benefit, $............ Per Capita, $............

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in .... first liable Asst. No. ....
Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which last assessment became payable, to the first day of the month in which next assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

Enter Date When Neighbor Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	M Burkhart	75	1589399	5/27
2.	Chas. Herron	50	1523294	5/4
3.	Joe Long	65	1264956	5/17
4.	Sam Rasor	65	1521771	5/4
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

June 3.75

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. 245 Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.	B R Klein	1.50	831829	Crown Point	Ind
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.								
2.								
3.								

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt	No. Mbrs.	Rate	Amt. this Assessm'nt
		For'd						
	$ .25			$ 2.25			$ 4.25	
	.30			2.30			4.30	
	.35			2.35			4.35	
	.40			2.40			4.40	
	.45			2.45			4.45	
20	.50	10 00		2.50			4.50	
3	.55	1 65		2.55			4.55	
3	.60	1 80		2.60			4.60	
4	.65	2 60		2.65			4.65	
4	.70	2 80		2.70			4.70	
6	.75	4 50		2.75			4.75	
4	.80	3 20		2.80			4.80	
2	.85	1 70		2.85			4.85	
1	.90	90		2.90			4.90	
2	.95	1 90		2.95			4.95	
4	1.00	4 00		3.00			5.00	
	1.05			3.05			5.05	
1	1.10	1 10		3.10			5.10	
	1.15			3.15			5.15	
1	1.20	1 20		3.20			5.20	
	1.25			3.25			5.25	
	1.30			3.30			5.30	
	1.35			3.35			5.35	
1	1.40	1 40		3.40			5.40	
	1.45			3.45			5.45	
2	1.50	3 00		3.50			5.50	
	1.55			3.55			5.55	
1	1.60	1 60		3.60			5.60	
	1.65			3.65			5.65	
	1.70			3.70			5.70	
	1.75			3.75			*	
	1.80			3.80				
	1.85			3.85				
	1.90			3.90				
1	1.95	1 95		3.95				
1	2.00	2 00		4.00				
	2.05			4.05				
	2.10			4.10				
	2.15			4.15				
	2.20			4.20				
61		47 30						

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance—Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5	NAME.		Amount	Rate	Date
1.		Old			
		New			
2.		Old			
		New			
3.		Old			
		New			
4.		Old			
		New			
5.		Old			
		New			
6.		Old			
		New			

Candidates Rejected

	NAME	How Rejected	Date
1.			
2.			
3.			
4.			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		
5.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.			
2.			
3.			
4.			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount	
1	Net membership remitted for last report (Item 15) Assessment No.	58	$ 46	55
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)			
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to	4	2	55
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased { Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5)			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5)			
	Totals	62	48	80

Item	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)	1	1.50
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3. page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd. { Decrease of Cert.		
	Change of occupation		
	Error in rate		

Item		Members	Amount	
	Total Deduction ☞	1	1	50
15	Net membership in good standing ☞	61	47	30
	To which add—			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	61	47	30
20	Benefit Arrears 4 Neighbors reinstated (Item 3-4)		3	30
21	Benefit short last report, or arrearages other than reinstatements			
	Total Benefit due		50	60
22	Per Capita Arrears .... Neighbors reinstated			
23	Per Capita short on previous report			
	Total remittance herewith		50	60

Mail to Reach the Head Clerk on or Before ....18, 190..

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove, Ind. State of June 15 - 09 190..

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8705 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 50 60, total amount due on this report.

Please place same to proper credit and confirm receipt.

SEAL

.... Consul.

Attest: A J Paddack Clerk.

Clerk's postoffice address, No. .... Street, City of Boone Grove, Ind State of ....

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 243

Levied for June, 1909

Due Head Office on or before Jul 18, 1909

Camp No. 8750

Boone Grove State of Ind

Please fill in Camp number and location

	MEMBERS	AMOUNT	
Net Membership this Report	54	$ 42	10
Final Assessments this Report			
Total Membership this Report	54	42	10
Arrears for .... Neighbors Reinstated			
Benefit Short Last Report			
Assessment No. .... for members adopted during			
Bal. Asst. No. .... for .... increases Hazardous occupation or additional Ins.			
Total Benefit Due		42	10

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $ .... Cr. Slip, $ ....

	$		Returned
Benefit			*Credit Slip* $
Per Capita			*No.*
Supplies			
Cert. Fees			*Cash* $

Shortage Charged { *Benefit, $ ....*
Per Capita, $ ....

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in .... first liable Asst. No. ....
Adoptions in .... first liable Asst. No. ....

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

Enter Date When Neighbor Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					
4.					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					
4.					
5.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance—Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5	NAME		Amount	Rate	Date
1.		Old			
		New			
2.		Old			
		New			
3.		Old			
		New			
4.		Old			
		New			
5.		Old			
		New			
6.		Old			
		New			

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.	John Holland	50		Boone Grove	
2.	Ira Dyer	50		Kouts	Ind
3.	Melvin Dyer	50		Boone Grove	
4.	Martin Burkhart	75		Valparaiso	RR 2
5.	A C Kenworthy	80		Hebron	" 3
6.	Wm McFarland	160		Valparaiso	RR 2
7.	R A Brown	55		Boone Grove	
8.		5 20			
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.								
2.								
3.								

Candidates Rejected

	NAME	How Rejected	Date
1.			
2.			
3.			
4.			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		
5.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		
5.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.			
2.			
3.			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt		No. Mbrs	Rate	Amt. this Assessm'nt		No. Mbrs.	Rate	Amt. this Assessm'nt	
		For'd									
	$ .25				$ 2.25				$ 4.25		
	.30				2.30				4.30		
	.35				2.35				4.35		
	.40				2.40				4.40		
	.45				2.45				4.45		
17	.50	8	50		2.50				4.50		
2	.55	1	10		2.55				4.55		
3	.60	1	80		2.60				4.60		
4	.65	2	60		2.65				4.65		
4	.70	2	80		2.70				4.70		
5	.75	3	75		2.75				4.75		
3	.80	2	40		2.80				4.80		
2	.85	1	70		2.85				4.85		
1	.90		90		2.90				4.90		
2	.95	1	90		2.95				4.95		
4	1.00	4	00		3.00				5.00		
	1.05				3.05				5.05		
1	1.10	1	10		3.10				5.10		
	1.15				3.15				5.15		
1	1.20	1	20		3.20				5.20		
	1.25				3.25				5.25		
	1.30				3.30				5.30		
	1.35				3.35				5.35		
1	1.40	1	40		3.40				5.40		
	1.45				3.45				5.45		
2	1.50	3	00		3.50				5.50		
	1.55				3.55				5.55		
	1.60				3.60				5.60		
	1.65				3.65				5.65		
	1.70				3.70				5.70		
	1.75				3.75				*		
	1.80				3.80						
	1.85				3.85						
	1.90				3.90						
1	1.95	1	95		3.95						
1	2.00	2	00		4.00						
	2.05				4.05						
	2.10				4.10						
	2.15				4.15						
	2.20				4.20						
54		42	10								

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount	
1	Net membership remitted for last report (Item 15) Assessment No.	61	$ 47	30
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)			
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to			
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased: Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5)			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5)			
	Totals	61	47	30

	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)	7	5.20
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3, page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd.: Decrease of Cert.		
	Change of occupation		
	Error in rate		

		Members	Amount	
	Total Deduction ☞	7	5	20
15	Net membership in good standing ☞			
	To which add—			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	54	42	10
20	Benefit Arrears .... Neighbors reinstated (Item 3-4)			
21	Benefit short last report, or arrearages other than reinstatements			
	Total Benefit due			
22	Per Capita Arrears .... Neighbors reinstated			
23	Per Capita short on previous report			
	Total remittance herewith		42	10

Mail to Reach the Head Clerk on or Before
.... 18, 190..

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove, Ind. State of .... June 15 1909

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 42 10, total amount due on this report.

Please place same to proper credit and confirm receipt.

Attest: .... Consul.

.... Clerk.

Street, City of .... State of ....

Clerk's postoffice address, No. ....

SEAL

BOONE GROVE

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 244

Levied for July, 190

Due Head Office on or before 18, 190

Camp No. 8705

State of

Please fill in Camp number and location

	MEMBERS	AMOUNT	
Net Membership this Report	55	$ 44	05
Final Assessments this Report			
Total Membership this Report			
Arrears for 6 *Neighbors Reinstated*		5	70
Benefit Short Last Report			
Assessment No. for members adopted during			
Bal. Asst. No. for increases Hazardous occupation or additional Ins.			
Total Benefit Due		49	75

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $ *Cr. Slip,* $

		Returned	
Benefit	$		
Per Capita		*Credit Slip*	$
Supplies		*No.*	
Cert. Fees		*Cash*	$

Shortage Charged { *Benefit,* $
Per Capita, $

Audited by *Date*

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in first liable Asst. No.
Adoptions in first liable Asst. No.

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				

Enter Date When Neighbor Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1	NAME	Rate	No. of B. C.	Date Reinstated
1.	J Holland	50		7-20
2.	J M Burkhart	75		31
3.	A Kenworthy	80		19
4.	W McFarland	160		17
5.	R A Brown	55		31
6.	B R Kleine	150		30
7.				
8.				
9.				
10.		5 70		
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp

Item 1. NAME	From Camp No.	Rate	First Liability	Date Admitted
1. O J Smith	5151	140	Jul	6-10
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2. NAME	Rate	No. of B. C.	Date of B. C.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3. NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Neighbors Deceased—Secs. 60-65

Item 1 NAME	Rate	Last Paid	Date Paid	Date of Death
1.				
2.				
3.				
4.				

Transferred from Beneficial to Social Membership—Sec. 72

Item 2 NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.				
2.				
3.				
4.				

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3 NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.				
2.				
3.				
4.				

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4 NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.				
2.				
3.				
4.				

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance—Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate

Item 5 NAME		Amount	Rate	Date
1.	Old			
	New			
2.	Old			
	New			
3.	Old			
	New			
4.	Old			
	New			
5.	Old			
	New			
6.	Old			
	New			

Candidates Rejected

	NAME	How Rejected	Date
1.			
2.			
3.			
4.			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$	
1.	B R Kleine	~~6~~	60
2.	J Holland		60
3.	J M Burkhart		60
4.	A Kenworthy		60
5.	W McFarland		60
6.	R A Brown		60
7.			
8.		3	60
9.			
10.			
11.			

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. Sec. 53

Item	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.	Clyde Aylesworth	65	1551563		
2.	W Crawford	50	1551567		
3.	J Dibbern	95	1559040		
4.	J Royer	195	950691		
5.	Chas Herron	50	1553594		
6.	J Millar	60	1633949		
7.					
8.					
9.					
10.		5 15			
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2. NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.							
2.							
3.							

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt	No. Mbrs.	Rate	Amt. this Assessm'nt
		For'd						
	$ .25			$ 2.25			$ 4.25	
	.30			2.30			4.30	
	.35			2.35			4.35	
	.40			2.40			4.40	
	.45			2.45			4.45	
16	.50	8 00		2.50			4.50	
3	.55	1 65		2.55			4.55	
2	.60	1 20		2.60			4.60	
3	.65	1 95		2.65			4.65	
4	.70	2 80		2.70			4.70	
6	.75	4 50		2.75			4.75	
4	.80	3 20		2.80			4.80	
2	.85	1 70		2.85			4.85	
1	.90	90		2.90			4.90	
1	.95	95		2.95			4.95	
4	1.00	4 00		3.00			5.00	
	1.05			3.05			5.05	
1	1.10	1 10		3.10			5.10	
	1.15			3.15			5.15	
1	1.20	1 20		3.20			5.20	
	1.25			3.25			5.25	
	1.30			3.30			5.30	
	1.35			3.35			5.35	
2	1.40	2 80		3.40			5.40	
	1.45			3.45			5.45	
3	1.50	4 50		3.50			5.50	
	1.55			3.55			5.55	
1	1.60	1 60		3.60			5.60	
	1.65			3.65			5.65	
	1.70			3.70			5.70	
	1.75			3.75			*	
	1.80			3.80				
	1.85			3.85				
	1.90			3.90				
	1.95			3.95				
1	2.00	2 00		4.00				
	2.05			4.05				
	2.10			4.10				
	2.15			4.15				
	2.20			4.20				
55		44 05						

*Rates not indicated above to be entered by Camp Clerk on blank lines.

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1 NAME	Date	
1. Chas Ring	7	20
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2 NAME	From Camp No.	Date
1.		
2.		
3.		
4.		

Withdrawn by Card (Social)

Item 3 NAME	Date
1.	
2.	
3.	
4.	

Deceased (Social)

Item 4 NAME	Date
1.	
2.	
3.	
4.	

Suspended or Expelled (Social)

Item 5 NAME	Suspended Date	Expelled Date
1.		
2.		
3.		
4.		

Social Members Reinstated

Per Capita Arrears Herewith

Item 6 NAME	Amt. Paid	Date Paid
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No.	54	42	10
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)			
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to	6	5	70
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4	1	1	40
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased: Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5)			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5)	61	49	20
	Totals			

	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)	6	5.15
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3. page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd.: Decrease of Cert.		
	Change of occupation		
	Error in rate		

Benefit Short
$1.50 as Corrected

		Members	Amount	
	Total Deduction ☞	6	5	15
15	Net membership in good standing ☞	55	44	05
	To which add—			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	55	44	05
20	Benefit Arrears 6 Neighbors reinstated (Item 3-4)		5	70
21	Benefit short last report, or arrearages other than reinstatements B R Kleine		1	50
	Total Benefit due		51	25
22	Per Capita Arrears 6 Neighbors reinstated		3	60
23	Per Capita short on previous report			
	Total remittance herewith		54	85

Mail to Reach the Head Clerk on or Before 18, 190

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove, Ind. State of Aug 17th 190

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8705 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 53.35, total amount due on this report.

Please place same to proper credit and confirm receipt.

SEAL

Attest: Consul.

Clerk.

Clerk's postoffice address, No. Street, City of **Boone Grove, Ind.** State of

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT 246

Assessment No. 8750

Levied for Sept, 1909

Due Head Office on or before Oct 18, 1909

Camp No. 8750

Boone Grove, Ind. State of

Please fill in Camp number and location

	MEMBERS	AMOUNT	
Net Membership this Report	63	$ 51	15
Final Assessments this Report			
Total Membership this Report			
Arrears for 1 Neighbors Reinstated		1	30
Benefit Short Last Report		5	50
Assessment No. .... for members adopted during			
Bal. Asst. No. .... for .... increases Hazardous occupation or additional Ins.			
Total Benefit Due		57	95

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $.............. *Cr. Slip,* $..............

	$		Returned
Benefit			
Per Capita			Credit Slip No. .... $..........
Supplies			
Cert. Fees			Cash $..........

Shortage Charged { Benefit, $..............
Per Capita, $..............

Audited by .... Date ....

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in............first liable Asst. No.........
Adoptions in............first liable Asst. No.........

"Date of adoption and delivery of Certificate held to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

NAME	No. of B. C.	Rate	Cert. Del. When?
1. A C Edinger		145	9/7
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			

Enter Date When Neighbor Paid Arrearages

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item 1 NAME	Rate	No. of B. C.	Date Reinstated
1. Clyde Aylesworth	65	1252263	9/30
2.			
3. Do asmts 244-245	130		
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
23.			

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2 NAME	Old Rate	New Rate	Date of Reinstatement
1.			
2.			
3.			
4.			
5.			

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1 NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1. Ira Dyer	50	1250814	Kouts Ind	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
23.				
29.				
30.				
31.				
32.				

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2. NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.							
2.							
3.							

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt	No. Mbrs.	Rate	Amt. this Assessm'nt
		For'd						
	$ .25			$ 2.25			$ 4.25	
	.30			2.30			4.30	
	.35			2.35			4.35	
	.40			2.40			4.40	
	.45			2.45			4.45	
19	.50	9 50		2.50			4.50	
3	.55	1 65		2.55			4.55	
3	.60	1 80		2.60			4.60	
4	.65	2 60		2.65			4.65	
4	.70	2 80		2.70			4.70	
6	.75	4 50		2.75			4.75	
4	.80	3 20		2.80			4.80	
2	.85	1 70		2.85			4.85	
1	.90	90		2.90			4.90	
2	.95	1 90		2.95			4.95	
4	1.00	4 00		3.00			5.00	
	1.05			3.05			5.05	
1	1.10	1 10		3.10			5.10	
	1.15			3.15			5.15	
1	1.20	1 20		3.20			5.20	
	1.25			3.25			5.25	
	1.30			3.30			5.30	
	1.35			3.35			5.35	
2	1.40	2 80		3.40			5.40	
1	1.45	1 45		3.45			5.45	
3	1.50	4 50		3.50			5.50	
	1.55			3.55			5.55	
1	1.60	1 60		3.60			5.60	
	1.65			3.65			5.65	
	1.70			3.70			5.70	
	1.75			3.75			*	
	1.80			3.80				
	1.85			3.85				
	1.90			3.90				
1	1.95	1 95		3.95				
1	2.00	2 00		4.00				
	2.05			4.05				
	2.10			4.10				
	2.15			4.15				
	2.20			4.20				
63		51 15						

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp

Item 1. NAME	From Camp No.	Rate	First Liability	Date Admitted
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2. NAME	Rate	No. of B. C.	Date of B. C.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3. NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Neighbors Deceased—Secs. 60-65

Item 1 NAME	Rate	Last Paid	Date Paid	Date of Death
1.				
2.				
3.				
4.				

Transferred from Beneficial to Social Membership—Sec. 72

Item 2 NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.				
2.				
3.				
4.				

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3 NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.				
2.				
3.				

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4 NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.				
2.				
3.				
4.				

CHANGE IN RATE, ACCT.

{ Increase of Insurance—Sec. 42
Decrease of Insurance - Sec. 45
Increase Rate Acct. Sus.—Sec. 57
Correction of Error in Rate }

Item 5 NAME		Amount	Rate	Date
	Old			
1.	New			
	Old			
2.	New			
	Old			
3.	New			
	Old			
4.	New			
	Old			
5.	New			
	Old			
6.	New			

Candidates Rejected

NAME	How Rejected	Date
1.		
2.		
3.		
4.		

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

NAME	$
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1 NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	

Admitted by Transfer Card (Social)

Item 2 NAME	From Camp No.	Date
1.		
2.		
3.		
4.		

Withdrawn by Card (Social)

Item 3 NAME	Date
1.	
2.	
3.	
4.	

Deceased (Social)

Item 4 NAME	Date
1.	
2.	
3.	
4.	

Suspended or Expelled (Social)

Item 5 NAME	Suspended Date	Expelled Date
1.		
2.		
3.		
4.		

Social Members Reinstated

Per Capita Arrears Herewith

Item 6 NAME	Amt. Paid	Date Paid
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No.	62	49	55
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)	1	1	45
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to	1		65
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased. Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5)			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5)	64	51	65
	Totals			

	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)	1	50
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3, page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd. Decrease of Cert.		
	Change of occupation		
	Error in rate		

Item		Members	Amount $	
	Total Deduction ☞	1		50
15	Net membership in good standing ☞	63	51	15
	To which add—			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	63	51	15
20	Benefit Arrears 1 Neighbors reinstated (Item 3-4)		1	30
21	Benefit short last report, or arrearages other than reinstatements		5	50
	Total Benefit due		57	95
22	Per Capita Arrears.............Neighbors reinstated			
23	Per Capita short on previous report			
	Total remittance herewith		57	95

Mail to Reach the Head Clerk on or Before ....18, 190..

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove Ind State of.......... Oct 16th 1909

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 57.95 total amount due on this report.

Please place same to proper credit and confirm receipt.

.... Consul.

Attest: A J Paddock Clerk.

SEAL

Clerk's postoffice address, No. .... Street, City of Boone Grove Ind State of

REPORT SOCIAL MEMBERSHIP ON PAGE 8

PASS REPORT

Assessment No. 247

Levied for November, 1909

Due Head Office on or before Dec 18, 1909

Camp No. 8750

Boone Grove State of Ind

Please fill in Camp number and location

	MEMBERS	AMOUNT $	
Net Membership this Report	65	52	15
Final Assessments this Report			
Total Membership this Report	65	52	15
Arrears for 1 Neighbors Reinstated			50
Benefit Short Last Report Assessment No. 246 for members adopted during Oct			50
Bal. Asst. No. ...... for ...... increases Hazardous occupation or additional Ins.			
Total Benefit Due		53	15

DRAW ALL REMITTANCES PAYABLE TO "HEAD BANKER, M. W. OF A., ROCK ISLAND, ILL." (Sec. 286).

Memoranda for Head Clerk

Camp Clerks will leave blank space below for Head Office

Draft or Money Order $.......... Cr. Slip, $..........

	$	Returned	
Benefit			
Per Capita		Credit Slip No.	$
Supplies			
Cert. Fees		Cash	$

Shortage Charged { Benefit, $..........
Per Capita, $..........

Audited by.......... Date..........

REPORT RECEIVED	REPORT RETURNED	REPORT RE-RECEIVED

Give Exact Date of Delivery of Benefit Certificate

Notice { Adoptions in Oct first liable Asst. No. 246
Adoptions in Nov first liable Asst. No. 247

"Date of adoption and delivery of Certificate hold to be identical."—Head Consul

NOTE CAREFULLY: Sec. 36. Every Beneficial member shall be liable for payment of the assessment current at date of delivery of his Certificate. * * * Assessment current includes the time from the first day of the month in which *last* assessment became payable, to the first day of the month in which *next* assessment is payable.

If a New Camp, enter names of members adopted on date of organization, all being liable.—Sec. 37.

	NAME	No. of B. C.	Rate	Cert. Del. When?
1.	Chas E Plummer			
2.		1743110	50	10/5
3.				
4.				
5.				
6.				
7.				
8.				
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34.				

Enter Date When Neighbor Paid Arrearages..........

Neighbors Reinstated

Within sixty (60) days from date of suspension.—Sec. 56

Item	NAME	Rate	No. of B. C.	Date Reinstated
1.	Ira Dyer	50	12508.14	11/22
2.				
3.				
4.				
5.				
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28.				

Neighbors Reinstated

Suspended More than sixty (60) days, but less than six (6) months. Sec. 57

Application for reinstatement must be approved before six months period expires.

Item 2	NAME	Old Rate	New Rate	Date of Reinstatement
1.				
2.				
3.				
4.				
5.				

Report Only Those Neighbors Who are Suspended for the Non-Payment of Assessment No. .... Sec. 53

Item 1	NAME (WRITE PLAINLY)	Rate	No. of B. C.	LAST KNOWN P. O. ADDRESS (PLEASE SUPPLY)	STREET AND NUMBER (IF FREE DELIVERY)
1.					
2.					
3.					
4.					
5.					
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31.					
32.					

Neighbors Whose Assessment and Dues Refused Under Provisions Chapter III. and Secs. 290-292

Item 2.	NAME	Rate	No. of B. C.	No. Asst. Refused	Why Suspended	Was Assessment Tendered?	If so, When	Date Engaging in Liquor Traffic
1.								
2.								
3.								

Rate Summary

Enter number of members (net) in good standing paying each rate opposite same, then amount paid by each group of rates. If correctly computed the total number of members and amount paid will agree with "Net Membership in good standing" shown in item 15, page 10.

No. Mbrs.	Rate	Amt. this Assessm'nt	No. Mbrs	Rate	Amt. this Assessm'nt	No. Mbrs.	Rate	Amt. this Assessm'nt
		For'd						
	$ .25			$ 2.25			$ 4.25	
	.30			2.30			4.30	
	.35			2.35			4.35	
	.40			2.40			4.40	
	.45			2.45			4.45	
21	.50	10 50		2.50			4.50	
3	.55	1 65		2.55			4.55	
3	.60	1 80		2.60			4.60	
4	.65	2 60		2.65			4.65	
4	.70	2 80		2.70			4.70	
6	.75	4 50		2.75			4.75	
4	.80	3 20		2.80			4.80	
2	.85	1 70		2.85			4.85	
1	.90	90		2.90			4.90	
2	.95	1 90		2.95			4.95	
4	1.00	4 00		3.00			5.00	
	1.05			3.05			5.05	
1	1.10	1 10		3.10			5.10	
	1.15			3.15			5.15	
1	1.20	1 20		3.20			5.20	
	1.25			3.25			5.25	
	1.30			3.30			5.30	
	1.35			3.35			5.35	
2	1.40	2 80		3.40			5.40	
1	1.45	1 45		3.45			5.45	
3	1.50	1 50		3.50			5.50	
	1.55			3.55			5.55	
1	1.60	1 60		3.60			5.60	
	1.65			3.65			5.65	
	1.70			3.70			5.70	
	1.75			3.75			*	
	1.80			3.80				
	1.85			3.85				
	1.90			3.90				
1	1.95	1 95		3.95				
1	2.00	2 00		4.00				
	2.05			4.05				
	2.10			4.10				
	2.15			4.15				
	2.20			4.20				
65		52 15 ✓						

*Rates not indicated above to be entered by Camp Clerk on blank lines.

Admitted by Card from Other Camps—Sec. 81.

Give Number of Former Camp

Item 1.	NAME	From Camp No.	Rate	First Liability	Date Admitted
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Transferred from Social to Beneficial Membership—Secs. 77-78.

Item 2.	NAME	Rate	No. of B. C.	Date of B. C.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Withdrawn by Card—81-83-84.

State Number of Last Assessment Paid Your Camp.

Item 3.	NAME	No. of B. C.	Rate	Last Paid	Date of Card
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

Neighbors Deceased—Secs. 60-65

Item 1	NAME	Rate	Last Paid	Date Paid	Date of Death
1.					
2.					
3.					
4.					

Transferred from Beneficial to Social Membership—Sec. 72

Item 2	NAME	No. of B. C.	Rate	Last Paid	Date Trans.
1.					
2.					
3.					
4.					

Neighbors Expelled by Camp Trial—Chapter XLVII

Item 3	NAME	No. of B. C.	Rate	Last Paid	Date Exp.
1.					
2.					
3.					

Change in Rate—Acct. Hazardous Occupation—Secs. 16-18-19-20

Item 4	NAME	No. of B. C.	Old Rate	New Rate	Date Issued
1.					
2.					
3.					
4.					

CHANGE IN RATE, ACCT. { Increase of Insurance—Sec. 42 / Decrease of Insurance—Sec. 45 / Increase Rate Acct. Sus.—Sec. 57 / Correction of Error in Rate

Item 5	NAME		Amount	Rate	Date
1.		Old			
		New			
2.		Old			
		New			
3.		Old			
		New			
4.		Old			
		New			
5.		Old			
		New			
6.		Old			
		New			

Candidates Rejected

	NAME	How Rejected	Date
1.			
2.			
3.			
4.			

Beneficial-Social Membership

Report only Applicants for Beneficial membership who were Adopted as SOCIALS, pending receipt of Benefit Certificate Sec. 30.

	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
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10.		
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13.		
14.		
15.		

Benefit Members Reinstated, for whom Arrearages of Per Capita is Remitted with this Report.

	NAME	$
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

MONTHLY REPORT OF SOCIAL MEMBERSHIP

(Report here only Social Membership changes for the month.)

Adopted as Social Members Since Last Report (69-71.)

Item 1	NAME	Date
1.		
2.		
3.		
4.		
5.		
6.		

Admitted by Transfer Card (Social)

Item 2	NAME	From Camp No.	Date
1.			
2.			
3.			
4.			

Withdrawn by Card (Social)

Item 3	NAME	Date
1.		
2.		
3.		
4.		

Deceased (Social)

Item 4	NAME	Date
1.		
2.		
3.		
4.		

Suspended or Expelled (Social)

Item 5	NAME	Suspended Date	Expelled Date
1.			
2.			
3.			
4.			

Social Members Reinstated

Per Capita Arrears Herewith

Item 6	NAME	Amt. Paid	Date Paid
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Combined Membership and Financial Statement

Item	With but one Rate each for—	Members	Amount $	
1	Net membership remitted for last report (Item 15) Assessment No.	63	51	15
	If for new Camp, Neighbors first liable (names page 2)			
2	Neighbors adopted since last report; now liable (names page 2)	1		50
3	Neighbors reinstated within sixty days from date suspended (names Item 1, page 3, rate for each, amounting to	1		50
4	Neighbors reinstated, suspended more than sixty days, but less than six months (names Item 2, page 3)			
5	Admitted by card (names Item 1, page 4			
6	Transferred from Social to Beneficial membership (names Item 2, page 4)			
7	Rate Increased: Account reinstatement (Item 5, page 5)			
	Increase of certificate (Item 5, page 5)			
	Acct. change occupation (Item 4, page 5)			
	Account error in rate (Item 5, page 5)			
	Totals	65	52	15

Item	DEDUCTIONS	Members	Amt.
8	Neighbors suspended for non-payment of this assessment (names page 6)		
9	Neighbors withdrawn by card (Item 3, page 4)		
10	Neighbors died since last report (names Item 1, page 5		
11	Neighbors transferred from Beneficial to Social membership, (Item 2, page 5)		
12	Neighbors expelled (names Item 3. page 5)		
13	Under Chapter III and Secs. 290-292 (Item 2, page 6)		
14	Rate Decd.: Decrease of Cert.		
	Change of occupation		
	Error in rate		

Item		Members	Amount $	
	Total Deduction ☞			
15	Net membership in good standing ☞	65	52	15
	To which add—			
16	Final assessment deceased Neighbors (Item 10), last liable this assessment			
17	Final assessment, transferred to Social (Item 11), last liable this assessment			
18	Final assessment withdrawn by card (Item 9), last liable this assessment			
19	Total membership remitted for this report as in good standing	65	52	15
20	Benefit Arrears 1 Neighbors reinstated (Item 3-4)			50
21	Benefit short last report, or arrearages other than reinstatements Assmt 246 C Plummer adopted for Oct 09			50
	Total Benefit due		53	15
22	Per Capita Arrears.......... Neighbors reinstated			
23	Per Capita short on previous report			
	Total remittance herewith		53	15

Mail to Reach the Head Clerk on or Before Dec 18, 1909

Be sure and report AT ONCE all changes in offices of Consul, Clerk, Banker and Board of Managers, giving names and addresses of new officers elected.

Boone Grove State of Ind Dec 14 1909

Neighbor C. W. HAWES, Head Clerk, M. W. of A.:

We hereby certify that the foregoing is a correct report of the membership in Camp No. 8750 as shown by the books of the Camp, and rendered in accordance with the By-laws of the Society.

Enclosed please find $ 53 15, total amount due on this report.

Please place same to proper credit and confirm receipt.

SEAL

.... Consul.

Attest: A J Paddock Clerk.

Clerk's postoffice address, No. .... Street, City of .... State of ....

Blank Pages
21
22

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Semi-Annual Report Boone Grove Camp, No. 8750 of Porter Co State of Indiana for the Six Months Ended June 30 1907

Neighbors Adopted Since Last Semi-Annual Report

NAME	Date
1	
2	
3	
4	
5	
6	
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11	
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76	

Neighbors Reinstated Since Last Report

NAME	Date
1	
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3	
4	
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8	
9	

Neighbors Reinstated—Continued

NAME	Date
10	
11	
12	
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15	
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19	
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22	
23	
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25	

Admitted by Card

NAME	From Camp No.	Date
1		
2		
3		
4		
5		
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7		
8		
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21		
22		
23		
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26		
27		
28		

Transferred from Social to Beneficial Membership

NAME	Date
1	
2	
3	
4	
5	
6	
7	
8	

MEMBERSHIP DECREASE
Granted Card Since Last Report

NAME	No. of Camp Joined	Date
1 L. E. Sherrick		1/16/07
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
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19		
20		
21		
22		
23		
24		

Died Since Last Report

NAME	Date
1	
2	
3	
4	
5	
6	
7	

Surrendered Benefit Certificate for Social Membership

NAME	Date
1	
2	
3	
4	
5	
6	

Expelled by Camp Since Last Report
In Good Standing at That Time

NAME	Date
1	
2	
3	
4	
5	
6	

Certificates Annulled by Executive Council

NAME	Date
2	
3	
4	
5	
6	
7	

Neighbors in Suspension for non-payment of Assessments or Dues, for Whom Per Capita is Not Remitted with this Report.

NAME.
1
2
3
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39
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41
42
43
44

SOCIAL MEMBERS
For Whom Per Capita is Remitted

*NAME	Amount	Adopted
1	$	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
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36		
37		
38		

*If any of your Social Members have not received Certificates, forward application properly filled out, with registration fee, $1.00, when Certificate will issue.

SOCIAL MEMBERS
Suspended for Non-Payment of Dues

NAME
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
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19
20
21
22
23
24
25

*Applicants for Beneficial Membership Rejected
Term, 190

NAME	Date
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

*The Head Clerk is required to keep a record of rejections; therefore, please report as requested.

*BENEFICIARY MEMBERSHIP STATEMENT

1. Beneficial Members in good standing for whom Per Capita was remitted last Semi-Annual Report		45
Or Charter Members in good standing if Camp was organized during the term.		
2. Adopted during the term		3
3. Reinstated { Beneficial Members in suspension, last preceding Semi-Annual Report		
4. Admitted by Card		
5. Transferred from Social to Beneficial		
Total,		48
FROM WHICH DEDUCT:		
6. Withdrawn by Card	1	
7. Died		
8. Transferred from Beneficial to Social Membership		
9. Expelled		
10. Membership annulled by Executive Council		
11. Beneficial Members in Suspension, not remitted for	1	
Total Deductions		2
12. Number Beneficiary Neighbors in good standing, and herewith remitted for		46
13. Per Capita for 46 Beneficial Members		$23.00
14. Per Capita for ...... Beneficial Neighbors withdrawn by Card, last paying Asst. No.		
15. Per Capita for 4 Social Members		2.00
16. Per Capita (arrears) for .... Social Members Reinstated on this report		
Total Per Capita remittance herewith		25.00

*Do not include Social Members in the foregoing statement, except in the aggregate, Item 15.

CAMP OFFICERS.

A. E. Wepp Consul.

No. St.

E. R. Dye Clerk.

No. St.

Banker.

R. A. Brown } Physicians.

J. E. Holland
W. G. Aylesworth
Clarence Aylesworth } Managers.

INSTRUCTIONS TO CLERKS.

The per capita for the year is $1.00. It is required to be paid strictly in advance, one-half in January and one-half in July. to be accompanied by the Semi-annual Report properly formulated.

Each and every Camp is liable for all Neighbors, Beneficial and Social, adopted on or before December 31st for first term per capita, and Camps instituted, or Neighbors adopted, January 1st to and including June 30th following are liable for second term per capita.

The Neighbor is required to pay local Camp General fund dues, which includes per capita, in December and June, or in default stand suspended. The Society's law forbids the Clerk from accepting from the Neighbor either the dues or the assessments separately, but both must be tendered. He cannot accept part payment.

For all Neighbors reported in good standing on the Pass Report for the month ending December 31st, together with all Social Neighbors and those adopted prior to January 1st, per capita for the first term must be remitted, and in the same manner Neighbors so reported for the month ending June 30th, per capita for the second term must be remitted.

Make all remittances, of whatever character, forwarded the Head Office payable to the Society's Head Banker, at Rock Island, Ill., and in no instance to the Head Clerk, or drawn payable to his order.

Clerks are earnestly requested, in the interest of their Neighbors as well as that of the general Society, to correctly prepare this report, as nothing appears in it that is not essential to the business of the Society. It is the duty of the Clerk to formulate this report before the installation of the Clerk-elect for the next ensuing term.

C. W. HAWES,
Head Clerk, M. W. of A.

CAMP CASH ACCOUNT.

BENEFIT FUND.	HEAD CLERK'S RECEIPT NO.	AMOUNT.	DR.
Balance on hand last report			$7.05
Received from assessments during the term covered by this report			188.15
Total			$195.20
DISBURSEMENTS			
Remitted Head Clerk during term.			
Assessment No. 222		$37.35	
Assessment No. 223		34.35	
Assessment No. 224		35.35	
Assessment No. 225		39.25	
Assessment No. 226		38.85	
Assessment No.			
Assessment No.			
Arrearages			
Total Amount remitted			185.15
Balance			$9.96

GENERAL FUND.	RECEIPTS DURING TERM.	DR.
Balance in Fund last Report		$87.49
FROM WHAT SOURCE.		
Adoption fees	$20.00	
Dues (including Per Capita)	69.30	
Physician's fees	1.00	
Reinstatement under Sec. 57		
Certificate fees		
Card fees		
Special assessment by Camp		
From entertainments		
All other sources		
Receipts during term		90.30
Grand Total		$177.79
EXPENDITURES.		
Compensation for services rend.	$14.50	
Per Capita	25.00	
Rent	20.00	
Physician's fees	1.00	
Fees remitted to Head Clerk		
Adoption fees refunded rejected Applicants or paid D. H. C.		
Supplies and stationery	2.15	
Donations	12.00	
Expenses not above enumerated	12.79	
~~Investment (if any)~~ Shoddy	6.00	
Total disbursements		93.44
Balance in Fund this date		84.35

Annual Camp General Fund Dues are $4.00

Sick Benefit Dues are

We certify the foregoing to be correct.

Consul.

E. R. Dye Clerk.

ATTEST OF MANAGERS.

State of

190

The undersigned, Managers of .... Camp, No. .... HEREBY CERTIFY that we have audited the books and accounts of the Clerk and Banker. That the foregoing correctly exhibits the receipts to and disbursements from the Benefit and General funds for the term ending ...., 190...., and the membership and standing of the Camp ...., 190....

John Holland
W. G. Aylesworth
Clarence E. Aylesworth } Managers.

Semi-Annual Report Boone Grove Camp, No. 8750 of Porter Co. State of Indiana for the Six Months Ended Dec. 31 1907

Neighbors Adopted Since Last Semi-Annual Report

NAME	Date
1.	
2.	
3.	
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73.	
74.	
75.	
76.	

Neighbors Reinstated Since Last Report

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

Neighbors Reinstated—Continued

NAME	Date
10.	
11.	
12.	
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14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	

Admitted by Card

NAME	From Camp No.	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
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21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		

Transferred from Social to Beneficial Membership

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

MEMBERSHIP DECREASE
Granted Card Since Last Report

NAME	No. of Camp Joined	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
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15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

Died Since Last Report

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Surrendered Benefit Certificate for Social Membership

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	

Expelled by Camp Since Last Report
In Good Standing at That Time

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	

Certificates Annulled by Executive Council

NAME	Date
2.	
3.	
4.	
5.	
6.	
7.	

Neighbors in Suspension for non-payment of Assessments or Dues, for Whom Per Capita is Not Remitted with this Report.

NAME.
1. J. B. Dye
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
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37.
38.
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40.
41.
42.
43.
44.

SOCIAL MEMBERS
For Whom Per Capita is Remitted

*NAME	Amount	Adopted
1.	$	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
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28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		

*If any of your Social Members have not received Certificates, forward application properly filled out, with registration fee, $1.00, when Certificate will issue.

SOCIAL MEMBERS
Suspended for Non-Payment of Dues

NAME
1. F. E. Leeka
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.

*Applicants for Beneficial Membership Rejected
Term, 190

NAME	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	

*The Head Clerk is required to keep a record of rejections; therefore, please report as requested.

*BENEFICIARY MEMBERSHIP STATEMENT

1.	Beneficial Members in good standing for whom Per Capita was remitted last Semi-Annual Report		46
	Or Charter Members in good standing if Camp was organized during the term.		
2.	Adopted during the term		6
3.	Reinstated { Beneficial Members in suspension, last preceding Semi-Annual Report		
4.	Admitted by Card		
5.	Transferred from Social to Beneficial		
	Total,		52
	FROM WHICH DEDUCT:		
6.	Withdrawn by Card		
7.	Died		
8.	Transferred from Beneficial to Social Membership		
9.	Expelled		
10.	Membership annulled by Executive Council		
11.	Beneficial Members in Suspension, not remitted for	2	
	Total Deductions		2
12.	Number Beneficiary Neighbors in good standing, and herewith remitted for		50
13.	Per Capita for 50 Beneficial Members		$25.00
14.	Per Capita for ...... Beneficial Neighbors withdrawn by Card, last paying Asst. No.		
15.	Per Capita for 6 Social Members		3.00
16.	Per Capita (arrears) for .... Social Members Reinstated on this report		
	Total Per Capita remittance herewith		28.00

*Do not include Social Members in the foregoing statement, except in the aggregate, Item 15.

CAMP OFFICERS.

....Consul.

No. ....St.

....Clerk.

No. ....St.

....Banker.

.... }
.... } Physicians.
.... }

.... }
.... } Managers.
.... }

INSTRUCTIONS TO CLERKS.

The per capita for the year is $1.00. It is required to be paid strictly in advance, one-half in January and one-half in July. to be accompanied by the Semi-annual Report properly formulated.

Each and every Camp is liable for all Neighbors, Beneficial and Social, adopted on or before December 31st for first term per capita, and Camps instituted, or Neighbors adopted, January 1st to and including June 30th following are liable for second term per capita.

The Neighbor is required to pay local Camp General fund dues, which includes per capita, in December and June, or in default stand suspended. The Society's law forbids the Clerk from accepting from the Neighbor either the dues or the assessments separately, but both must be tendered. He cannot accept part payment.

For all Neighbors reported in good standing on the Pass Report for the month ending December 31st, together with all Social Neighbors and those adopted prior to January 1st, per capita for the first term must be remitted, and in the same manner Neighbors so reported for the month ending June 30th, per capita for the second term must be remitted.

Make all remittances, of whatever character, forwarded the Head Office payable to the Society's Head Banker, at Rock Island, Ill., and in no instance to the Head Clerk, or drawn payable to his order.

Clerks are earnestly requested, in the interest of their Neighbors as well as that of the general Society, to correctly prepare this report, as nothing appears in it that is not essential to the business of the Society. It is the duty of the Clerk to formulate this report before the installation of the Clerk-elect for the next ensuing term.

C. W. HAWES,
Head Clerk, M. W. of A.

CAMP CASH ACCOUNT.

BENEFIT FUND.

	Head Clerk's Receipt No.	Amount.	DR.
Balance on hand last report			$9.95
Received from assessments during the term covered by this report			162.45
Total			$172.40
DISBURSEMENTS Remitted Head Clerk during term.			
Assessment No. 227		$41.80	
Assessment No. 228		41.80	
Assessment No. 229		44.60	
Assessment No. 230		40.75	
Assessment No.			
Assessment No.			
Assessment No.			
Arrearages			
Total Amount remitted			168.95
Balance			$3.45

GENERAL FUND.

FROM WHAT SOURCE.	Receipts during Term.	DR.
Balance in Fund last Report		$84.35
Adoption fees	$42.00	
Dues (including Per Capita)	88.00	
Physician's fees	1.75	
Reinstatement under Sec. 57		
Certificate fees	3.00	
Card fees		
Special assessment by Camp		
From entertainments		
All other sources	6.20	
Receipts during term		140.95
Grand Total		$225.30

EXPENDITURES.

	$	
Compensation for services rend.	16.50	
Per Capita	28.00	
Rent	20.00	
Physician's fees	1.75	
Fees remitted to Head Clerk	3.00	
Adoption fees refunded rejected Applicants or paid D. H. C.		
Supplies and stationery	1.70	
Donations	13.30	
Expenses not above enumerated	10.43	
Investment (if any)		
Total disbursements		94.68
Balance in Fund this date		130.62

Annual Camp General Fund Dues are $........

Sick Benefit Dues are ....

We certify the foregoing to be correct.

....Consul.

....Clerk.

ATTEST OF MANAGERS.

Boone Grove State of Indiana
Jan 1908

The undersigned, Managers of .... Camp, No. .... Hereby Certify that we have audited the books and accounts of the Clerk and Banker. That the foregoing correctly exhibits the receipts to and disbursements from the Benefit and General funds for the term ending ...., 190...., and the membership and standing of the Camp ...., 190....

W. G. Aylesworth }
Clarence Aylesworth } Managers.
.... }

Semi-Annual Report Boone Groov Camp, No. 8750 of Boone Groov State of Indiana for the Six Months Ended June 30 1908

Neighbors Adopted Since Last Semi-Annual Report

	NAME	Date
1	C. O. Dye	3/3/08
2	Harry Eaton	3/3/08
3	Clyde Aylesworth	3/17/08
4	Peter Edinger	3/17/08
5	W. Crawford	3/17/08
6	S. T. Rasor	3/17/08
7	L. A. Cornell	3/17/08
8	G. R. Busler	3/17/08
9	Wm Phillips	3/17/08
10	Earl Brady	3/17/08
11	Chas. Herron	4/7/08

Neighbors Reinstated Since Last Report

	NAME	Date
1	A. J. Casbon	4/19/08

Neighbors Reinstated—Continued

NAME	Date

Admitted by Card

NAME	From Camp No.	Date

Transferred from Social to Beneficial Membership

NAME	Date

MEMBERSHIP DECREASE
Granted Card Since Last Report

NAME	No. of Camp Joined	Date

Died Since Last Report

NAME	Date

Surrendered Benefit Certificate for Social Membership

NAME	Date

Expelled by Camp Since Last Report
In Good Standing at That Time

NAME	Date

Certificates Annulled by Executive Council

NAME	Date

Neighbors in Suspension for non-payment of Assessments or Dues, for Whom Per Capita is Not Remitted with this Report.

	NAME.
1	H. C. Frank
2	B. R. Blaine
3	P. L. Weddle
4	J. H. Weddle
5	C. L. Tucker
6	Melvin Dye

SOCIAL MEMBERS
For Whom Per Capita is Remitted

	*NAME	Amount	Adopted
1	T. H. Shumaker	$ .50	12/11/06
2	G. R. Eaton	.50	10/1/07
3	Ross Baker	.50	1/30/08
4	Harry Eaton	.50	3/3/08
5	C. O. Dye	.50	3/3/08
6	Wm Brody	.50	3/3/08
7	Geo. Brody	.50	3/3/08
8	A. J. Wittenberg	.50	12/18/06
9	Hale Merriman	.50	10/1/07
10	Wm Phillips	.50	3/17/08

*If any of your Social Members have not received Certificates, forward application properly filled out, with registration fee, $1.00, when Certificate will issue.

SOCIAL MEMBERS
Suspended for Non-Payment of Dues

NAME

*Applicants for Beneficial Membership Rejected
Term, 190

NAME	Date

*The Head Clerk is required to keep a record of rejections; therefore, please report as requested.

*BENEFICIARY MEMBERSHIP STATEMENT

1.	Beneficial Members in good standing for whom Per Capita was remitted last Semi-Annual Report		50
	Or Charter Members in good standing if Camp was organized during the term.		
2.	Adopted during the term		11
3.	Reinstated { Beneficial Members in suspension, last preceding Semi-Annual Report		1
4.	Admitted by Card		
5.	Transferred from Social to Beneficial		
	Total,		62
	FROM WHICH DEDUCT:		
6.	Withdrawn by Card		
7.	Died		
8.	Transferred from Beneficial to Social Membership		
9.	Expelled		
10.	Membership annulled by Executive Council		
11.	Beneficial Members in Suspension, not remitted for	6	
	Total Deductions		6
12.	Number Beneficiary Neighbors in good standing, and herewith remitted for		50
13.	Per Capita for 50 Beneficial Members		$25.00
14.	Per Capita for ...... Beneficial Neighbors withdrawn by Card, last paying Asst. No.		
15.	Per Capita for 10 Social Members		5.00
16.	Per Capita (arrears) for ...... Social Members Reinstated on this report		
	Total Per Capita remittance herewith		30.00

*Do not include Social Members in the foregoing statement, except in the aggregate, Item 15.

CAMP OFFICERS.

W. E. Upp Consul.

No. ...... St.

E. Pumroy Clerk.

No. ...... St.

Frank Feltz Banker.

R. A. Brown } Physicians.

J. E. Holland
W. G. Aylesworth
Clarence Aylesworth } Managers.

INSTRUCTIONS TO CLERKS.

The per capita for the year is $1.00. It is required to be paid strictly in advance, one-half in January and one-half in July. to be accompanied by the Semi-annual Report properly formulated.

Each and every Camp is liable for all Neighbors, Beneficial and Social, adopted on or before December 31st for first term per capita, and Camps instituted, or Neighbors adopted, January 1st to and including June 30th following are liable for second term per capita.

The Neighbor is required to pay local Camp General fund dues, which includes per capita, in December and June, or in default stand suspended. The Society's law forbids the Clerk from accepting from the Neighbor either the dues or the assessments separately, but both must be tendered. He cannot accept part payment.

For all Neighbors reported in good standing on the Pass Report for the month ending December 31st, together with all Social Neighbors and those adopted prior to January 1st, per capita for the first term must be remitted, and in the same manner Neighbors so reported for the month ending June 30th, per capita for the second term must be remitted.

Make all remittances, of whatever character, forwarded the Head Office payable to the Society's Head Banker, at Rock Island, Ill., and in no instance to the Head Clerk, or drawn payable to his order.

Clerks are earnestly requested, in the interest of their Neighbors as well as that of the general Society, to correctly prepare this report, as nothing appears in it that is not essential to the business of the Society. It is the duty of the Clerk to formulate this report before the installation of the Clerk-elect for the next ensuing term.

C. W. HAWES,
Head Clerk, M. W. of A.

CAMP CASH ACCOUNT.

BENEFIT FUND.

	HEAD CLERK'S RECEIPT NO.	AMOUNT.	DR.
Balance on hand last report			$ 3.45
Received from assessments during the term covered by this report			176.69
Total			$ 180.14
Disbursements Remitted Head Clerk during term.			
Assessment No. 231		$ 39.80	
Assessment No. 232		46.25	
Assessment No. 233		47.90	
Assessment No. 234		41.65	
Assessment No.			
Assessment No.			
Assessment No.			
Arrearages			
Total Amount remitted			175.60
Balance			$ 4.54

GENERAL FUND.

	RECEIPTS DURING TERM.	DR.
Balance in Fund last Report		$ 130.62
FROM WHAT SOURCE.		
Adoption fees	$	
Dues (including Per Capita)		
Physician's fees		
Reinstatement under Sec. 57		
Certificate fees		
Card fees		
Special assessment by Camp		
From entertainments		
All other sources		
Receipts during term		
Grand Total		$
EXPENDITURES.	$	
Compensation for services rend.		
Per Capita		
Rent		
Physician's fees		
Fees remitted to Head Clerk		
Adoption fees refunded rejected Applicants or paid D. H. C.		
Supplies and stationery		
Donations		
Expenses not above enumerated		
Investment (if any)		
Total disbursements		
Balance in Fund this date		233.78

Annual Camp General Fund Dues are $4.00

Sick Benefit Dues are ......

We certify the foregoing to be correct.

...... Consul.

Edwin Pumroy Clerk.

ATTEST OF MANAGERS.

Boone Groov State of Indiana

July 8 1908

The undersigned, Managers of ...... Camp, No. ...... HEREBY CERTIFY that we have audited the books and accounts of the Clerk and Banker. That the foregoing correctly exhibits the receipts to and disbursements from the Benefit and General funds for the term ending ......, 190..., and the membership and standing of the Camp ......, 190...

...... } Managers.

Semi-Annual Report Boone Grove Camp, No. 8750 of Indiana

Neighbors Adopted Since Last Semi-Annual Report

	NAME	Date
1	Kenworthy, W. C.	10-14-08
2	Burkhart, Martin	10-14-08
3	Tucker, F. H.	10-14-08
4	McFarland, W. J.	10-14-08

Neighbors Reinstated Since Last Report

	NAME	Date
1	Herron, Chas	12-11-08
2	Buslow, J. O. R.	12-22 "
3	Dorsey, S. J.	12-22 "
4	Brody, E. A.	12-22
5	Brody, F. D.	12-22
6	Hildreth, W. G.	12-22

Neighbors Reinstated—Continued

NAME	Date

Admitted by Card

NAME	From Camp No.	Date

Transferred from Social to Beneficial Membership

NAME	Date

MEMBERSHIP DECREASE
Granted Card Since Last Report

	NAME	No. of Camp Joined	Date
1	Church, Hiram	4654	9/4/08

Died Since Last Report

NAME	Date

Surrendered Benefit Certificate for Social Membership

NAME	Date

Expelled by Camp Since Last Report
In Good Standing at That Time

NAME	Date

Certificates Annulled by Executive Council

NAME	Date

Neighbors in Suspension for non-payment of Assessments or Dues, for Whom Per Capita is Not Remitted with this Report.

NAME.

1. Dye, Ira ✓
2. Dye, Melvin ✓
3. Burkhart, Martin ✓
4. Tucker, F. H.
5. Clites, Chas ✓
6. Funk, H. C.
7. Casbon, A. J. ✓
8. Baker, Ross
9. [illegible]

State of Indiana for the Six Months Ended Dec 31 1908

SOCIAL MEMBERS
For Whom Per Capita is Remitted

	*NAME	Amount	Adopted
1	Dye, C. O.	$ .60	3/3/08
2	Phillips, Will	.60	3/17/08
3	Shumaker, F. H.	.60	12/1/06
4	Merriman, H.	.60	10/1/07
5	Wittenberg, A. J.	.60	12/18/06
6	Eaton, Harry	.60	3/3/08
7	Brody, Geo	.60	3/3/08
8	Eaton, G. R.	.60	10/1/07
9	Brody, Wm	.60	3/3/08

*If any of your Social Members have not received Certificates, forward application properly filled out, with registration fee, $1.00, when Certificate will issue.

SOCIAL MEMBERS
Suspended for Non-Payment of Dues

	NAME
1	Baker, Ross

*Applicants for Beneficial Membership Rejected
______ Term, 190__

NAME	Date

*The Head Clerk is required to keep a record of rejections; therefore, please report as requested.

*BENEFICIARY MEMBERSHIP STATEMENT

1.	Beneficial Members in good standing for whom Per Capita was remitted last Semi-Annual Report		50
	Or Charter Members in good standing if Camp was organized during the term.		
2.	Adopted during the term		4
3.	Reinstated { Beneficial Members in suspension, last preceding Semi-Annual Report		6
4.	Admitted by Card		
5.	Transferred from Social to Beneficial		
	Total,		60
	FROM WHICH DEDUCT:		
6.	Withdrawn by Card	1	
7.	Died		
8.	Transferred from Beneficial to Social Membership		
9.	Expelled		
10.	Membership annulled by Executive Council		
11.	Beneficial Members in Suspension, not remitted for	7	
	Total Deductions		8
12.	Number Beneficiary Neighbors in good standing, and herewith remitted for		48
13.	Per Capita for 48 Beneficial Members		$28.80
14.	Per Capita for ...... Beneficial Neighbors withdrawn by Card, last paying Asst. No.		
15.	Per Capita for 9 Social Members		5.40
16.	Per Capita (arrears) for ...... Social Members Reinstated on this report		
	Total Per Capita remittance herewith		34.20

*Do not include Social Members in the foregoing statement, except in the aggregate, Item 15.

CAMP OFFICERS.

W. E. Upp Consul.

No. ...... St.

Edwin Pumroy Clerk.

No. ...... St.

Frank Foltz Banker.

R. A. Brown } Physicians.

W. G. Aylesworth
J. E. Holland
Clarence Aylesworth } Managers.

INSTRUCTIONS TO CLERKS.

The per capita for the year is $1.00. It is required to be paid strictly in advance, one-half in January and one-half in July. to be accompanied by the Semi-annual Report properly formulated.

Each and every Camp is liable for all Neighbors, Beneficial and Social, adopted on or before December 31st for first term per capita, and Camps instituted, or Neighbors adopted, January 1st to and including June 30th following are liable for second term per capita.

The Neighbor is required to pay local Camp General fund dues, which includes per capita, in December and June, or in default stand suspended. The Society's law forbids the Clerk from accepting from the Neighbor either the dues or the assessments separately, but both must be tendered. He cannot accept part payment.

For all Neighbors reported in good standing on the Pass Report for the month ending December 31st, together with all Social Neighbors and those adopted prior to January 1st, per capita for the first term must be remitted, and in the same manner Neighbors so reported for the month ending June 30th, per capita for the second term must be remitted.

Make all remittances, of whatever character, forwarded the Head Office payable to the Society's Head Banker, at Rock Island, Ill., and in no instance to the Head Clerk, or drawn payable to his order.

Clerks are earnestly requested, in the interest of their Neighbors as well as that of the general Society, to correctly prepare this report, as nothing appears in it that is not essential to the business of the Society. It is the duty of the Clerk to formulate this report before the installation of the Clerk-elect for the next ensuing term.

C. W. HAWES,
Head Clerk, M. W. of A.

CAMP CASH ACCOUNT.

BENEFIT FUND.

	DR.
Balance on hand last report	$4 54
Received from assessments during the term covered by this report	179 50
Total	$184 04

DISBURSEMENTS

Remitted Head Clerk during term.

	HEAD CLERK'S RECEIPT NO.	AMOUNT.
Assessment No.		$
Assessment No. 235		50 40
Assessment No. 236		38 15
Assessment No. 237		48 80
Assessment No. 238		41 95
Assessment No.		
Assessment No.		
Arrearages		

Total Amount remitted	179 30
Balance	$4 74

GENERAL FUND.

	RECEIPTS DURING TERM.	DR.
Balance in Fund last Report		~~$233 78~~ 212 58
FROM WHAT SOURCE.		
Adoption fees	$20 00	
Dues (including Per Capita)	130 00	
Physician's fees		
Reinstatement under Sec. 57		
Certificate fees		
Card fees	25	
Special assessment by Camp		
From entertainments		
All other sources Rect Bks	30	
Receipts during term		150 55
Grand Total		~~$384 33~~ 363 13

EXPENDITURES.

	$	
Compensation for services rend.	20 95	
Per Capita	36 70	
Rent	15 00	
Physician's fees		
Fees remitted to Head Clerk		
Adoption fees refunded rejected Applicants or paid D. H. C.		
Supplies and stationery	7 34	
Donations		
Expenses not above enumerated	292 97	
Investment (if any)		
Total disbursements		372 96
Balance in Fund this date	3.66	11 37

Annual Camp General Fund Dues are	$4.00
Sick Benefit Dues are	

We certify the foregoing to be correct.

...... Consul.

Edwin Pumroy Clerk.

ATTEST OF MANAGERS.

Boone Grove State of Ind.

Jan 4 1908

The undersigned, Managers of Boone Grove Camp, No. 8750 HEREBY CERTIFY that we have audited the books and accounts of the Clerk and Banker. That the foregoing correctly exhibits the receipts to and disbursements from the Benefit and General funds for the term ending Dec 31 1908, and the membership and standing of the Camp Dec 31, 1908.

W. G. Aylesworth
John Holland } Managers.

Semi-Annual Report Boone Grove Camp, No. 8755 of State of Ind for the Six Months Ended June 30 190

Neighbors Adopted Since Last Semi-Annual Report

	NAME	Date
1	N S Williams	
2	C J Millan	
3	C J Storm	
4	A J Walton	
5	A I Jones	
6	E Henderson	
7	M A Ritter	
8	A N Edwards	
9	N Hamfield	
10	C Hatheron	
11	C Halbary	
12	J Wittenberg	
13	Emery Baker	
14	Chas Hullon	
15	A Merriman	
16	J B Woods	

Neighbors Reinstated Since Last Report

	NAME	Date
1	Ira Dyer	
2	Melvin Dyer	
3	M Burkhart	
4	C Clites	
5	A J Easton	
6	J Ross Baker	

Neighbors Reinstated—Continued

	NAME	Date

Admitted by Card

	NAME	From Camp No.	Date

Transferred from Social to Beneficial Membership

	NAME	Date

MEMBERSHIP DECREASE
Granted Card Since Last Report

	NAME	No. of Camp Joined	Date

Died Since Last Report

	NAME	Date

Surrendered Benefit Certificate for Social Membership

	NAME	Date

Expelled by Camp Since Last Report
In Good Standing at That Time

	NAME	Date

Certificates Annulled by Executive Council

	NAME	Date

Neighbors in Suspension for non-payment of Assessments or Dues, for Whom Per Capita is Not Remitted with this Report.

	NAME.
1	O L Trexler
2	John Holland
3	Ira Dyer
4	Melvin Dyer
5	Martin Burkhart
6	A C Kenworthy
7	W McFarland
8	R A Brown

SOCIAL MEMBERS
For Whom Per Capita is Remitted

	*NAME	Amount	Adopted

*If any of your Social Members have not received Certificates, forward application properly filled out, with registration fee, $1.00, when Certificate will issue.

SOCIAL MEMBERS
Suspended for Non-Payment of Dues

	NAME
1	J B Woods

*Applicants for Beneficial Membership Rejected
Term, 190

	NAME	Date

*The Head Clerk is required to keep a record of rejections; therefore, please report as requested.

*BENEFICIARY MEMBERSHIP STATEMENT

1.	Beneficial Members in good standing for whom Per Capita was remitted last Semi-Annual Report		48
	Or Charter Members in good standing if Camp was organized during the term.		
2.	Adopted during the term		11
3.	Reinstated { Beneficial Members in suspension, last preceding Semi-Annual Report		5
4.	Admitted by Card		
5.	Transferred from Social to Beneficial		
	Total,		64
	FROM WHICH DEDUCT:		
6.	Withdrawn by Card	2	
7.	Died		
8.	Transferred from Beneficial to Social Membership		
9.	Expelled		
10.	Membership annulled by Executive Council		
11.	Beneficial Members in Suspension, not remitted for	8	
	Total Deductions		10
12.	Number Beneficiary Neighbors in good standing, and herewith remitted for		54
13.	Per Capita for 59 Beneficial Members		$35.40
14.	Per Capita for Beneficial Neighbors withdrawn by Card, last paying Asst. No.		
15.	Per Capita for 14 Social Members		8.40
16.	Per Capita (arrears) for 1 Social Members Reinstated on this report		60
	Total Per Capita remittance herewith		44.40

*Do not include Social Members in the foregoing statement, except in the aggregate, Item 15.

CAMP OFFICERS.

		Consul.
No.		St.
		Clerk.
No.		St.
		Banker.
		Physicians.
		Managers.

CAMP CASH ACCOUNT.

BENEFIT FUND.

			DR.
Balance on hand last report			$4.74
Received from assessments during the term covered by this report			240.40
Total			$245.14

DISBURSEMENTS

Remitted Head Clerk during term.

	HEAD CLERK'S RECEIPT NO.	AMOUNT.
Assessment No.	239	$49.85
Assessment No.	240	49.40
Assessment No.	241	48.95
Assessment No.	242	50.60
Assessment No.	243	42.10
Assessment No.		
Assessment No.		
Arrearages		

Total Amount remitted	238.90
Balance	$6.24

GENERAL FUND.

	RECEIPTS DURING TERM.	DR.
Balance in Fund last Report		$3.66
FROM WHAT SOURCE.		
Adoption fees	$80.00	
Dues (including Per Capita)	140.00	
Physician's fees	2.75	
Receipt Books ~~Reinstatement under Sec. 57~~	1.00	
Certificate fees	.25	
Card fees	.50	
Special assessment by Camp		
From entertainments	79.72	
All other sources		
Receipts during term		304.22
Grand Total		$307.88

EXPENDITURES.

Compensation for services rend.	$21.55
Per Capita	43.80
Rent Installing lights & paid to Wattenberg	39.52
Physician's fees	2.75
Fees remitted to Head Clerk	5.00
Huron meeting Adoption fees refunded rejected Applicants or paid D. H. C.	2.20
Supplies and stationery	6.26
Donations P McN	3.00
Expenses not above enumerated A Merriman	6.50
Investment (if any)	100.00
Total disbursements	230.58
Balance in Fund this date	$77.30
Annual Camp General Fund Dues are	$4.00
~~Sick Benefit Dues~~ are Total	$83.54

We certify the foregoing to be correct.

A G Hancock Consul.

Clerk.

ATTEST OF MANAGERS.

Boone Grove, Ind. State of

July 15 1907

The undersigned, Managers of Camp, No. 8755 HEREBY CERTIFY that we have audited the books and accounts of the Clerk and Banker. That the foregoing correctly exhibits the receipts to and disbursements from the Benefit and General funds for the term ending ....., 190..., and the membership and standing of the Camp ....., 190...

G Gossett

J Holland

Managers.

INSTRUCTIONS TO CLERKS.

The per capita for the year is $1.00. It is required to be paid strictly in advance, one-half in January and one-half in July. to be accompanied by the Semi-annual Report properly formulated.

Each and every Camp is liable for all Neighbors, Beneficial and Social, adopted on or before December 31st for first term per capita, and Camps instituted, or Neighbors adopted, January 1st to and including June 30th following are liable for second term per capita.

The Neighbor is required to pay local Camp General fund dues, which includes per capita, in December and June, or in default stand suspended. The Society's law forbids the Clerk from accepting from the Neighbor either the dues or the assessments separately, but both must be tendered. He cannot accept part payment.

For all Neighbors reported in good standing on the Pass Report for the month ending December 31st, together with all Social Neighbors and those adopted prior to January 1st, per capita for the first term must be remitted, and in the same manner Neighbors so reported for the month ending June 30th, per capita for the second term must be remitted.

Make all remittances, of whatever character, forwarded the Head Office payable to the Society's Head Banker, at Rock Island, Ill., and in no instance to the Head Clerk, or drawn payable to his order.

Clerks are earnestly requested, in the interest of their Neighbors as well as that of the general Society, to correctly prepare this report, as nothing appears in it that is not essential to the business of the Society. It is the duty of the Clerk to formulate this report before the installation of the Clerk-elect for the next ensuing term.

C. W. HAWES,

Head Clerk, M. W. of A.

"Don'ts" for Clerks.

1. DON'T overlook reporting *every* incident involving the standing or in anywise affecting the Benefit certificates of the members. To overlook an important change in membership will create a conflict between the Camp Clerk's and Head Clerk's records. Enter membership changes in the spaces allotted for the purpose on pages from 2 to 8, inclusive, each under its appropriate classification.

2. DON'T forget that items 1 to 15, inclusive, of the Combined Membership and Financial statement on page 10 are for the purpose of determining the net Beneficial membership in good standing and *the aggregate of one rate for each.* The process is simple. At item 1, enter net membership and aggregate of one rate on the *preceding* assessment, and at the appropriate items following enter the additions and deductions since last report. The final result at item 15 (if properly computed and no changes overlooked) will be the aggregate of the separate rates (one rate for each) of the Beneficial members in good standing, *i. e.,* the straight Benefit fund due on the assessment reported. Add arrears, back assessments, shortages, etc., at items 16 to 20, inclusive, the result being the *total remittance* due. To obtain correct results at item 15:

(*a*). DON'T include arrears or shortages paid with previous report in the figures with which you begin the statement at item 1.

(*b*). DON'T include *arrears* or *past* due assessments at items 2, 3, 4, 5, and 6 of the statement, *but only the single rate for each member.* Benefit arrears or the past due assessments for reinstated Neighbors should be entered at item 16.

(c). DON'T add or deduct a member at a wrong rate.

(*d*). DON'T include the full new assessment rate in adding or deducting "increases" or "decreases" at items 7 and 14, respectively, but include only the net increase or decrease; that is, the difference between the old and the new rates.

(*e*). DON'T add or deduct from membership in making entries at items 7 and 14, respectively, because a simple increase or decrease or rating does not alter the number of members.

(*f*). DON'T include Social members in the membership and financial statement on page 10, except, when necessary, under item 22.

3. DON'T carry Rate summary computations forward from report to report by simply adding to and deducting from the various groupings of the summary of the previous report the changes since occurring in the membership. Unless the Rate summary is prepared by *actually counting* the rates of the members in good standing, it does not serve as a check upon the statement on page 10, with item 15 of which it must agree. To facilitate preparation of the Rate summary, the membership should be classified by rates in the Camp records. If the classification is alphabetical, it will be necessary to separately tally the rates. The most satisfactory method is to count each separate entry of credits representing payments by the members. Thus an exact balance between the Camp records, the footings of the Rate summary, and item 15 of page 10 can be obtained.

4. DON'T render an incomplete Rate summary. It is useless to prepare this record unless the extensions and footings are made and a balance obtained between the footings and item 15 of statement.

5. DON'T attempt to *for*ce a balance between the footings of the Rate summary and the figures at item 15, page 10. Any difference is indicative of some error, perhaps the omission of record of an important change in membership. Check and recheck the report until the cause of the difference is located. If this cannot be done, prepare a complete membership list as a supplement to the report and ask the Head Clerk to endeavor to locate the trouble.

6. DON'T overlook dates in reporting changes in membership. Dates are important, not only for completing the records, but as indicating to the Head Clerk that the changes reported were made within the limit of time required by the Society's By-laws. *Dates are absolutely necessary* in reporting adoptions and reinstatements, in particular.

7. DON'T forget to preserve an accurate copy of the report in the Pass Report book. This is important.

8. DON'T forget to make proper corrections in the Pass Report book whenever an error is reported back by the Auditing department.

9. DON'T report admissions by card until first liable, nor cards granted until it is time to deduct the transferring Neighbors from membership. The appropriate coupons should be detached from the card and mailed to the Head Clerk immediately upon acceptance of Transfer cards.

10. DON'T neglect to remit shortages in previous remittances, called to your attention. The By-laws do not authorize extension of credit, but contemplate the payment of all liabilities within the limit of time stipulated. The only deviation from this rule is where a small shortage develops as the result of an error in reporting, and, in such cases, the Clerk should show his appreciation of the courtesy by making prompt payment.

11. DON'T fail to include at items 16 and 18 the full amount due account Benefit and Per Capita arrears for members reinstated.

12. DON'T fail to furnish the numbers of the issuing Camps in reporting admissions by card.

13. DON'T fail to furnish the last known postoffice addresses in reporting suspended members.

14. DON'T give date of certificate instead of date of delivery in reporting adoptions, nor date of adoption instead of date of delivery when an applicant has been adopted as a Beneficial-Social member before the issuance of Benefit certificate. When a member is adopted after the issuance of Benefit certificate, the document is assumed to have been delivered at the time of the adoption, hence the date of delivery of Benefit certificate is that required on page 2 in every instance.

15. DON'T furnish an erroneous date of reinstatement, but give the actual date the member was restored to good standing by paying the assessment for the non-payment of which he was suspended.

16. DON'T forget to give a proper accounting of your Social membership in the spaces allotted for the purpose.

17. DON'T enter a complete list of members on page 2 (except in case of the first liability of a new Camp). A list, when furnished, must be on a separate sheet of paper and not in a space provided for other purposes.

18. DON'T send a list as a substitute for the report. There is no objection to the furnishing of a complete list as supplemental to the report, but remember that the omission of a Neighbor's name from the list cannot authorize the Head Clerk to make record of suspension. On the other hand, also, the Head Clerk cannot add a Neighbor to the membership merely because his name appears on a list, but dates, manner of admission, etc., are essential. In the absence of such essential information no record can be made, hence all changes should be entered under the appropriate headings of the Pass report.

19. DON'T forget that the Head Clerk is charged with the duty of maintaining an accurate accounting with the local Camps, now numbering over thirteen thousand and involving the standing and insurance rights of a membership approximating one million. In order to do this successfully it is necessary to obtain the co-operation of every local Camp Clerk. The Pass report must be relied upon as furnishing the official evidence of the standing of the members of the Camp, and unless such reports be accurate, reliable, and complete error will inevitably result.